



AFFILIATED REAL ESTATE
APPRAISERS OF ARKANSAS
APPRAISAL REQUEST FORM

Date: _____

FROM: _____

Phone: _____ Fax: _____

Property Address: _____

Borrower: _____ Home #: _____
Work: _____ Cell #: _____

Appraisal Type: Commercial Appraisal ()
URAR - Single Family () Drive-By ()
Comp Photos () Interior Photos ()

Estimated Value: _____ Agreed Upon Fee: _____

Method of Payment:
() COD () Other – Please specify _____

Comments: _____

Consulting • Valuation • Expert Testimony