



Residential Appraisal Order Form

** = required fields*

Who are you?

*Name: _____

Company: _____

Address: _____

*Telephone: _____ Cell: _____

*Email: _____

Who is the Lender?

*Name: _____

*Address: _____

*Transit: _____

*Telephone: _____

*Email: _____

Who is your Client?

*Name: _____

Address: _____

*Telephone: _____

Alternate #: _____

Email: _____

What is the Property's Information?

*Address: _____

Legal description: _____

PID: _____

*Purchase? (yes / no) -> *Purchase Price \$ _____ -> *Subject Removal _____

or

*Refinance? (yes / no)

Appraisal Information?

Full Appraisal Drive by Desktop Inspection

Other (Please Specify) _____

Sale Price \$ _____

Who do we talk with about accessing the property?

An appraiser will be in contact with this person in order to set up an inspection time.

(Applicant Realtor Other: _____)

*Name: _____

*Telephone: _____

Alternate Number: _____

Email: _____

Who is paying for the Appraisal?

(Applicant Lender Client Other: _____)

Payment?

(Visa MasterCard Cheque PayPal)

Any Comments or Special Instructions?

Please return this form to Rivard & Associates by fax or mail:

Fax: 250-545-6293

Mail: #202, 2907 32nd Street, Vernon, BC V1T 5M2