

Official Use Only: Accepted \_\_\_ Declined \_\_\_ / Assigned Appraiser \_\_\_\_\_ Estimated Fee: \$ \_\_\_\_\_  
Changes have \_\_\_ or have not \_\_\_ been made to the original order by approved agents of Scofield Appraisal Svc.s

**SCOFIELD APPRAISAL SERVICES**  
3157 N. RAINBOW BLVD., #334  
LAS VEGAS, NV 89108  
TEL: (702) 795-4412                      FAX: (702) 795-4614

**APPRAISAL REQUEST FORM**

REQUESTING DATE: \_\_\_\_\_ REQUESTED DUE DATE: \_\_\_\_\_

**CLIENT INFORMATION**

(PLEASE COMPLETE IN ITS INTIRETY)

REQUESTED BY: \_\_\_\_\_ Signature of Loan Officer or Manager: \_\_\_\_\_

(AUTHORIZED AGENT FOR REQUESTING CLIENT)

NAME OF COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

ALTERNATE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**TYPE OF APPRAISAL REPORT**

URAR \_\_\_ CONDO FORM \_\_\_ LAND \_\_\_ MULTI-FAMILY \_\_\_  
2055 EXT. ONLY \_\_\_ 442 (FINAL INSPECTION) \_\_\_ FHA \_\_\_ (PLEASE NOTE CASE NUMBER)  
RENT SCHEDULE \_\_\_ OPERATING INCOME STATEMENT \_\_\_

**INTENTION OF APPRAISAL**

PURCHASE \_\_\_ (PLEASE INCLUDE PURCHASE AGREEMENT) PURCHASE PRICE: \$ \_\_\_\_\_

REFINANCE \_\_\_ ESTIMATED REFINANCE VALUE: \$ \_\_\_\_\_

OTHER: \_\_\_\_\_

**APPRAISAL REPORT INFORMATION**

SUBJECT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

BORROWER(S): \_\_\_\_\_

ACCESS CONTACT: \_\_\_\_\_

HOME: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

**OTHER**

THIS APPRAISAL REPORT WILL BY PAID VIA:    CLIENT \_\_\_ ESCROW \_\_\_ COD \_\_\_

COMMENTS: \_\_\_\_\_

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THIS REQUEST CONSTITUTES REQUESTING LENDER'S OFFER TO CONTRACT, WHICH SHALL BECOME FULLY BINDING ON REQUESTING LENDER UPON EITHER APPRAISER'S PERFORMANCE OF THE REQUESTED APPRAISAL OR UPON SCOFIELD'S DISPATCH OF ACCEPTANCE OR ACKNOWLEDGEMENT OF THIS APPRAISAL REQUEST. REQUESTING LENDER REPRESENTS THAT THE INDIVIDUAL ORDERING THIS APPRAISAL IS AUTHORIZED TO BIND REQUESTING LENDER. REQUESTING LENDER UNDERSTANDS AND AGREES THAT IT SHALL BE RESPONSIBLE FOR AND SHALL PAY SCOFIELD APPRAISAL SERVICES, UPON THE DELIVERY OF THE APPRAISAL OR NO LATER THAN 45 DAYS FROM THE INVOICE DATE., THE AGREED FEE FOR THE APPRAISAL SERVICES . THE AGREED FEE FOR THE REQUESTED APPRAISAL SHALL BE SET FORTH IN SCOFIELD'S CURRENT APPRAISAL FEE SCHEDULE AND ALL TERMS IN SAID DOCUMENT ARE EXPRESSLY MADE PART HEREOF AND, TOGETHER WITH THIS APPRAISAL REQUEST, SHALL CONSTITUTE THE ENTIRE CONTRACT BETWEEN THE PARTIES. A \$25 LATE FEE WILL BE APPLIED TO ALL ORDERS WITH AN OUTSTANDING BALANCE WITH AGING MORE THAN 45 DAYS OLD. ALL ORDERS OF AGING GREATER THAN 60 DAYS OLD WILL BE SUBJECTED TO A 2.5% INTREST FEE PER MONTH UNTILL THE DEBT IS PAID IN FULL. DEBTS GREATER THAN 60 DAYS OLD ARE CONSIDERED TO BE ELIGIBLE FOR DEBT COLLECTION FROM A THIRD PARTY.