

Stanley Michael & Assoc.
State Certified Real Estate & Commercial Appraisers
Values You Can Trust
Office (718) 710-5858 Fax (718) 425-8908
www.48HourTurnAround.com

Commercial Appraisal Request Form

Date _____ Lender File# _____

Company _____

Contact _____ Title _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Description Of Property

Current Use _____ Proposed Use _____

of Residential Units _____ # of Commercial Units _____ Other _____

Style _____ Bedrooms _____ Baths _____ GLA* _____ Lot Size _____ Age _____

GLA = Gross Living Area / House Size Not Including Basement even if furnished

Name Of Borrower _____

Prpoerty Address _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____ Cell _____

Email _____

Estimation Of Value _____ Loan Amount _____

Type Of Report

Form _____ Narrative _____ Other _____

Purpose (Circle One) Refinance Sale Other

Sale Price _____ Fee Quoted _____

Payment Terms: Cod Mc/Visa American Express

Authorized Signature x _____

Please make sure form is complete to avoid delays