appraisalMasters.net

APPRAISAL ORDER FORM

Date	()Res'l ()Comm'l ()Ind'l ()Land
Subject Property Address	
City County	Zip
Client's Name	
	Work Phone
Cell Phone	
Attorney Name	
Attorney Address	
Phone	_ Fax
E-mail Address	
Contact Client to view Subject Prope	erty? (Yes/No)
If no, Name and Number of person to	o contact:
Purpose of appraisal (e.g. divorce, pro	obate, sale)
Mediation / Arbitration / Settlement	/ Trial Date
Who is responsible for Appraisal fee	?
Additional Information: (e.g. name/te	elephone # of other counsel)

Fax: 248-924-2725

Or please mail to:

CHRISTOPHER L. MCDONALD
Certified General Real Estate Appraiser, License Number 1201-002122

30181 Greenland St. Livonia, MI 48154

or

P.O. Box 6185 Plymouth, MI, 48170

Terms: Due at inspection, unless other arrangements are required. Fees: Determined upon receipt of appraisal order form. 313-980-3559