



GREAT LAKES APPRAISAL COMPANY
 190 Monroe Avenue, NW, 6th Floor
 Grand Rapids, Michigan 49503
 616.940.6070 - Phone
 616.285.6804 - Fax

Please submit the completed order form by clicking
 on the submit order button to the right.

COMMERCIAL APPRAISAL REQUEST FORM (Fill in Form)

Date of Request: _____

Company requesting appraisal: _____

Client Name (Title): _____ Client E-Mail: _____

Department: _____ Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Fax #: _____

SUBJECT PROPERTY INFORMATION

Address: _____ Property Type: _____

City: _____ State: _____ Zip: _____ County: _____

Additional Information (age, size, floors, location): _____

PROPERTY OWNER/TENANT CONTACT INFORMATION

Name (Title): _____ E-Mail: _____

Telephone #1: _____ Telephone #2: _____

Fax #: _____ Best time of day to reach: _____

Please e-mail or fax the legal description and survey to expedite the appraisal

CONTACT ME TO DISCUSS THE APPRAISAL PROCESS AND WHAT I NEED

PLEASE CHECK THE FOLLOWING WHICH APPLY

- | | | | | |
|------------------------------------|--|---|---|---------------------------------|
| Purpose of the appraisal: | <input type="checkbox"/> Financing | <input type="checkbox"/> Refinancing | <input type="checkbox"/> Tax Appeal | <input type="checkbox"/> Other |
| Type of report: | <input type="checkbox"/> Restricted | <input type="checkbox"/> Summary | <input type="checkbox"/> Self-Contained | |
| Values to be concluded: | <input type="checkbox"/> As Is | <input type="checkbox"/> As Complete | <input type="checkbox"/> As Stabilized | |
| Type of value to be concluded: | <input type="checkbox"/> Fee Simple | <input type="checkbox"/> Leased Fee | <input type="checkbox"/> Other | |
| Approaches to use on Complete: | <input type="checkbox"/> Cost | <input type="checkbox"/> Sale | <input type="checkbox"/> Income | |
| Approach to be used on Limited: | <input type="checkbox"/> Cost | <input type="checkbox"/> Sale | <input type="checkbox"/> Income | |
| Date of value: | <input type="checkbox"/> Inspection Date | <input type="checkbox"/> Prospective Date | <input type="checkbox"/> Other | |
| Type of appraisal: | <input type="checkbox"/> Limited | <input type="checkbox"/> Complete | | |
| Number of reports to client: _____ | <input type="checkbox"/> CD-ROM Packet | <input type="checkbox"/> E-mailed PDF | <input type="checkbox"/> 3-ring binder | <input type="checkbox"/> Spiral |