

Hogan Appraisal, L.L.C.

Commercial Appraisal Order Form

Date _____

ORDERED BY:

Company _____ Contact Person _____

Address _____

Phone _____ Fax _____

JOB INFO:

JOB TYPE: Self Contained Summary Restricted 71B Form MDR
 Market Study Rent Study Review Other _____

PURPOSE: Refinance Sale (Sales Price _____) Litigation
 Acquisition Estate Other _____

SUBJECT PROPERTY INFO:

PROPERTY TYPE: Apartment Building Retail Industrial Office Land
 5+ Multi Family Other Specific Use _____

PROPERTY NAME _____

PROPERTY ADDRESS _____

Contact Person _____

Home Phone _____ Work Phone _____ Cell Phone _____

BILLING INFO:

C.O.D. Bill Lender Flat Fee _____ Hourly Rate _____

NOTES / SPECIAL INSTRUCTIONS:

Email address for report to be sent to: