

CAPITAL APPRAISAL GROUP, INC
P.O. Box 1118, Monticello, NY 12701

Date of Order:-----

Client / Bank:-----

Address:-----

City:----- State:----- Zip Code-----

Ordered By:----- Phone(____)____------

Email:----- Fax(____)____------

Fee:----- COD or BILL Purpose of Appraisal-----

PROPERTY TO BE APPRAISED

Property Type: Single Family Multi Family Vacant Land Commercial Other-----

Current Owners Name:-----

Borrowers Name:-----

Appraised Address:-----

City:----- State:----- Zip Code-----

Contact Name for Entry:----- Contact Phone()____------

SBL :----- Acre:-----

NOTES: