

Citywide Services
Order Form Fax to: 708-575-3495

Date: _____

Client/Lender Name: _____

Client Address: _____

Contact Name Placing Order: _____

Client/Lender Telephone: _____

Email Appraisal To: _____

Appraisal Type: _____

Loan/Reference Number: _____

Refi: _____ Purchase: _____ Other: _____

Homeowners Estimate of Value: _____

Borrower Name: _____

Address to be Appraised: _____

City: _____ State: _____ County: _____

Borrower Home Phone: _____ Work Phone: _____

Cell: _____ Other: _____

Additional Contact/Phone (If Any):

Special Instructions: