

Daniel Fries & Associates, Inc.

Real Estate Appraisers & Consulting Services
347 Dahlonega Street, Suite 200, Cumming, GA 30040
Phone 770-992-5593 Fax 770-992-1722
www.danielfries.com

Appraisal Request Form

Date:

Client: _____

Street: _____, suite # _____

City: _____, State: _____, zip _____

Phone #: _____, Fax # _____

Email: _____

Customer/owner/buyer's name on appraisal: _____

Address of property to be appraised: Street: _____

City: _____, GA Zip: _____

Legal: Lot _____, S/D _____, LL _____, Sect. _____, District _____

County _____ Comments: _____

Type of appraisal (check one)

Purchase _____, Refinance _____, ERC _____, Other _____

Sales price or estimated value range: _____

Access to property: Name _____

Phone # _____ and/or email _____

Please read and sign below: I agree to the fee quoted below or as posted at www.danielfries.com. Payment will be made within 10 business days or at the time inspection if requested. Payment is not contingent on a pre-determined estimate of value.

Signature: _____, Date _____

Fee quoted: _____, Invoice per posted fee schedule _____