## APPRAISAL MANAGEMENT OF UTAH, LLC A FULL SERVICE APPRAISAL MANAGEMENT COMPANY

P.O. BOX 712004 SALT LAKE CITY, UT 84171 OFFICE 801.277.7450 FAX 888.854.3661

## REQUEST FOR APPRAISAL

To: Appraisal Management of Utah P.O. Box 712004 Salt Lake City, UT 84171  (P) 801-277-7450 (F) 888-854-3661 order@amofutah.com		Lender:		
Applicant:			Loan Number:	
			Scheduled Fee: \$	
			Purchase Price: \$	
			Date:	Date Due:
Authorization:				
Property Type	Loan Pu	ırpose	Type of Loan	Appraisal Form
Single Family	Refinanc	e	Conventional	1004 Full w/ 1004MC
2-4 Unit	Purchase		FHA #	2055 Exterior Only
Condo	Construc	tion	VA	1073 Condo
Land			USDA/Rural Housing	Income Statement
				Rent Schedule
				1025 Multi Family
Contact for Entry:			E-mail Appraisal To:	
Property Address:			Special Instructions:	
C' C . T'	Invoice Visa			Discover
~ ' ~				Code:
Signature of Authorization:				
Please process this credit card transaction as payment toward the invoice on this appraisal order. I, the above signed credit card holder, hereby authorize Appraisal Management of Utah, LLC to charge my account as set forth herein, or the above signatory represents that the credit card holder signature is on file and has authorized this transaction.				