

# KRUEGER APPRAISAL SERVICES, Inc.

14 S. Lincolnway  
North Aurora, IL 60542  
630-892-9700

For **Residential** Appraisals Fax: **866-303-8331** For **Commercial** Appraisals Fax: **866-919-9793**

DATE: \_\_\_\_\_

Assigned to: \_\_\_\_\_

DATE Needed By: \_\_\_\_\_

File Number: \_\_\_\_\_

Fee: \_\_\_\_\_

Client: Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of person ordering the Appraisal: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Appraisal Report Delivery Method: \_\_\_\_\_ E-Mail \_\_\_\_\_ U.S Mail/UPS #of Copies \_\_\_\_\_ or \_\_\_\_\_ Both

## Intended use of the Appraisal:

\_\_\_\_\_ Purchase \_\_\_\_\_ Refinance \_\_\_\_\_ Construction \_\_\_\_\_ Divorce \_\_\_\_\_ Market Value \_\_\_\_\_ Other \_\_\_\_\_

If a Purchase: \$ \_\_\_\_\_ Do you have a signed contract? \_\_\_\_\_ Yes \_\_\_\_\_ No

## Type of Report Requested:

\_\_\_\_\_ URAR/1004 \_\_\_\_\_ 2055 Exterior \_\_\_\_\_ Relocation \_\_\_\_\_ 2-4 Units \_\_\_\_\_ Vacant Land \_\_\_\_\_ Other

## Property to be Appraised:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

\_\_\_\_\_ Owner \_\_\_\_\_ Realtor/Agent \_\_\_\_\_ Attorney \_\_\_\_\_ Tenant \_\_\_\_\_ Other \_\_\_\_\_

Is the property rented? \_\_\_\_\_ Yes \_\_\_\_\_ No.

If **YES** do you need a Comparable Rent Schedule and Operating Income Statement? \_\_\_\_\_ Yes \_\_\_\_\_ No.

Is this a Foreclosure or Pre-foreclosure? \_\_\_\_\_ Yes \_\_\_\_\_ No.