

ATTN: MCB Michigan Office  
FAX #: (248) 827-2100 ☐☐



## Appraisal Report Request Form

Date: \_\_\_\_\_

### Property Information

Case Number: \_\_\_\_\_

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

### Agent Information:

Agent: \_\_\_\_\_ Phone #: \_\_\_\_\_

Brokerage: \_\_\_\_\_ Email: \_\_\_\_\_

### Lender Information:

Loan Officer: \_\_\_\_\_

Loan Officer Signature: \_\_\_\_\_

Company: \_\_\_\_\_

Lender's Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

For email delivery, please clearly enter **lender's email address**. If available, a PDF version of the appraisal will be emailed to you. For overnight delivery, a carrier and account number is required.

Lender Email Address: \_\_\_\_\_

Circle one:    **Email**        **UPS**        **Airborne**        **Fed-Ex**

Overnight Account Number: \_\_\_\_\_

**PLEASE NOTE:** Your request will be processed upon contract ratification.

### *For MCB Use Only:*

Date Appraisal sent: \_\_\_\_\_

Sent By: \_\_\_\_\_ Reg. Mail    Overnight    Email