



P.O. Box 16156
TUCSON, ARIZONA 85732
(520) 327-0000
FAX (520) 327-3974

COMMERCIAL BID REQUEST

Ordered by: _____

Company: _____

Address: _____

Phone: _____ Fax: _____

Order Date: _____ Email: _____

PURPOSE OF THE APPRAISAL:

- | | | |
|----------------------------------|---|--|
| <input type="checkbox"/> Review | <input type="checkbox"/> Self-Contained | <input type="checkbox"/> Limited Summary |
| <input type="checkbox"/> Summary | <input type="checkbox"/> Complete Summary | <input type="checkbox"/> Other _____ |

Borrower Name/Owner: _____

Property Address: _____

Legal Description: _____

Tax Parcel No. _____ TRS: _____

Contact for Inspection: _____ Phone: _____

Property Type:

- | | | | |
|-------------------------------------|--------------------------------------|--|--|
| <input type="checkbox"/> Land | <input type="checkbox"/> Commercial | <input type="checkbox"/> Office Building | <input type="checkbox"/> Shopping Center |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Medical | <input type="checkbox"/> Other _____ |

Comment/Special Instructions:

CONFIRMATION OF BID REQUEST:

ORDER RECEIVED: _____

FEE: _____

Estimated Time Completed: _____

APPROVED ASSOCIATE APPRAISER(S)
(who will assist Principal Appraiser): _____

PRINCIPAL APPRAISER
(who must inspect property and sign the report) _____ Date: _____