



APPRAISAL FEE QUOTE REQUEST FORM

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Client Information:

Name: _____

Address: _____

Phone: _____

E-Mail: _____

Property Information:

Property Type: _____

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Street Address: _____

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County/State: _____

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Tax ID: _____

Appraisal Information:

Purpose of the Appraisal: _____

Date Needed: _____

Please e-mail **request** to CBT620@gmail.com.
For a verbal quote call Carolyn Terry at 919-571-1244 ext. [221417-1322](tel:221417-1322).

THANK YOU FOR THE OPPORTUNITY TO BE OF SERVICE

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