

APPRAISAL REQUEST

DATE & TIME ASSIGNED _____

HOW ASSIGNED: PHONE FAX E-MAIL

WHO ASSIGNED: _____ PHONE _____

AGENT: _____ INSURANCE CO: _____

CLAIM NO. _____ POLICY NO. _____

INSURED: _____ DATE OF LOSS: _____

OWNER: _____ INSD. CLMT.

ADDRESS: _____ COLL./DED. \$ _____

CITY: _____ OTHER DED. \$ _____

TELEPHONE: (RES) _____ (BUSINESS) _____

YEAR: _____ MAKE: _____ MODEL: _____

ID #: _____ LIC. #: _____ COLOR: _____

LOCATION: _____ PHONE: _____

AREA OF DAMAGE: _____ TYPE: _____

PHOTOS: YES NO EXISTING ESTIMATE: \$ _____

INSTRUCTIONS/REMARKS \$ _____

CALL BACK REQUIRED: YES NO

PHOENIX APPRAISALS

PHONE: (440) 209-0355 FAX: (440) 209-0356