

G .A. FARRELL AND ASSOCIATES LIMITED

Valuation Request Form

Date: _____

Ref. #: _____

Name: _____

(First)

(Surname)

Telephone Contact: _____

(Home)

(Work)

(Other)

Address of property
To be valued: _____

Type of property: House/Condominium/Townhouse/Apartment(s) # _____

Land Only: Building Plans _____ QS/Builders Estimate _____

Commercial/Industrial (# of buildings) _____

Valuation n/o: _____

Access Name: _____

Access Contact: _____

(Home)

(Work)

(Other)

Purpose of Valuation: Mortgage Insurance Stamp Duty Sale
Asset Foreclosure Other _____

If mortgage, which company? _____

Officer's Name: _____

Buying/Selling Price: _____