

Collateral Market Value Report

Lender:
 Application #:
 Order ID:
 Requested By:
 E-mail:

Report Date:
 Borrower:
 Requested
 Address:
 Fax:

ESTIMATED MARKET VALUE:

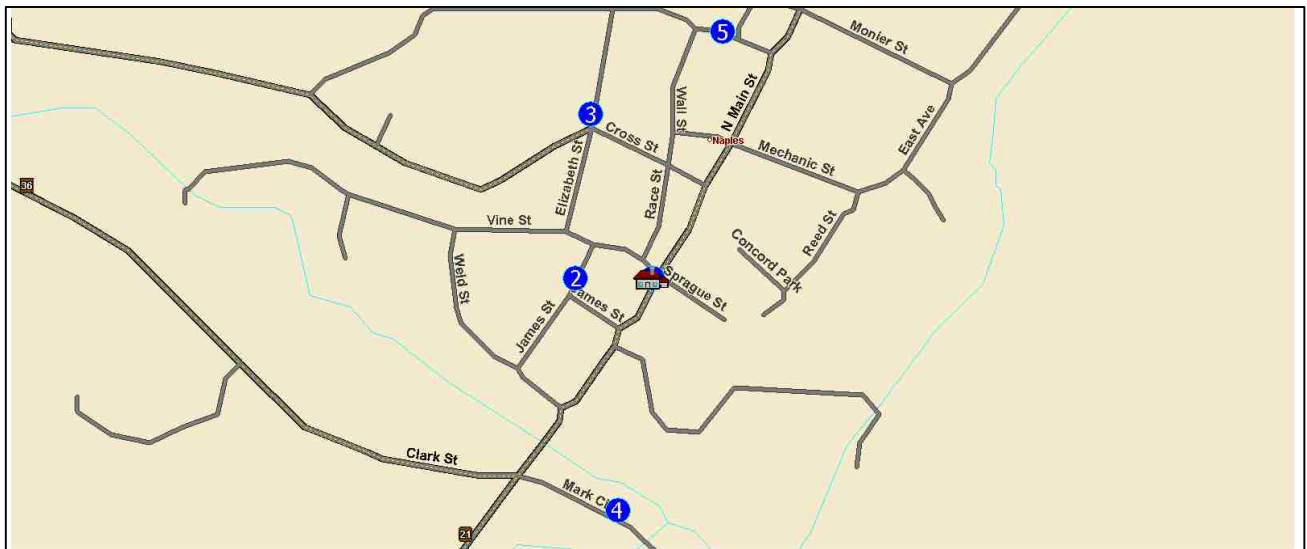
County: _____ **Parcel Number:** _____ **Year Built:** _____
Census Tract/Block Number: _____

VALUATION MODEL INFORMATION

Model	Low	Market	High	Score

PROPERTY CHARACTERISTICS WITH SEARCH COMPARABLES

Address	City	Zip Code	Sale Date	Sale Price	Sq Ft	Lot Sz	Bed	Bath	Dist. (Mi.)	Tax Assmnt



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