

# PROPERTY APPRAISAL FORM

Date		Bedrooms		Bathrooms		Car Bays	
Property Address					Phone Number		
Vendor Name [s]							
Postal Address	<input type="checkbox"/> Same as above or						
Email Address					Rep		
Source					Rep #2		
Property Type						Age	
Strata Co.		No. of Units		Manager Name		Levy	\$ per qtr
Appraisal Price	\$						

## ACTION LIST

- Buyer match to be sent
  Attach appraisal action list
  Email only

ROOMS	COMMENTS
<input type="checkbox"/> Kitchen	
<input type="checkbox"/> Living Areas	
<input type="checkbox"/> Lounge	
<input type="checkbox"/> Dining	
<input type="checkbox"/> Meals	
<input type="checkbox"/> Master Bedroom	
<input type="checkbox"/> Bedroom 2	
<input type="checkbox"/> Bedroom 3	
<input type="checkbox"/> Bedroom 4	
<input type="checkbox"/> Bedroom 5	
<input type="checkbox"/> Study	
<input type="checkbox"/> Bathrooms	
<input type="checkbox"/> Powder Room[s]	
<input type="checkbox"/> Laundry	
<input type="checkbox"/> Garage/Carport	
<input type="checkbox"/> Shed	
<input type="checkbox"/> Other Rooms	
FEATURES	COMMENTS
<input type="checkbox"/> Air-Con	
<input type="checkbox"/> Alarm	
<input type="checkbox"/> Garden/Pool	
<input type="checkbox"/> Other	