



APPRAISAL DISPUTE FORM

Today's Date:	
Submitter's Name:	
Property Address:	
Report Type (i.e. 1004, 2055):	
Client Name:	
Appraiser Name:	
Appraised Value:	
Effective Date of Report:	
Disputed Issues: What is materially in error with the appraisal?	<input type="checkbox"/> Distance of comparables <input type="checkbox"/> Age of comparables <input type="checkbox"/> Square footage difference <input type="checkbox"/> Room count <input type="checkbox"/> Style <input type="checkbox"/> Other:

If the dispute is in relation to comparables, please complete the portion below.

*ALTERNATE COMPARABLES:

All comparables listed below must be superior to the comparables chosen by the appraiser. (i.e., more recent sale, similar in style, etc.) Comparables provided which is not greater in similarity to the subject than the comparables used by the appraiser will not be considered.

	Subject	Alt. Comp #1	Alt. Comp #2	Alt. Comp #3
Address				
Date of Sale				
Sale price				
Distance (miles)				
Square Footage				
Style				
Age				
Bedrooms				
Baths				
Other				