

Section 6: THE APPRAISAL ASSIGNMENT (only one client/valuation service)

Name of Temporary Permit Applicant: \_\_\_\_\_

License Number: \_\_\_\_\_

Name of Client: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number of Client: \_\_\_\_\_

Type of property being appraised (i.e. industrial building, farmland, etc.):

\_\_\_\_\_

Project anticipated beginning date (cannot be prior to application): \_\_\_\_\_

Project anticipated end date (if more than six months make special note): \_\_\_\_\_

Specific Property Addresses (attach a list if necessary):

1. \_\_\_\_\_

\_\_\_\_\_

City County Zip Code

2. \_\_\_\_\_

\_\_\_\_\_

City County Zip Code

3. \_\_\_\_\_

\_\_\_\_\_

City County Zip Code

4. \_\_\_\_\_

\_\_\_\_\_

City County Zip Code

\*\*\*Provide legal descriptions and/or maps to identify the subject if address unavailable.