

## COMP REQUEST FORM

Please complete the following form for your comp request. Once you have completed this form, please fax to (951) 280-1739.

### Contact Information

Your Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Your Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### General Information

Property Address: \_\_\_\_\_

Purpose for Request: (select one)

- Appraisal
- Broker Research
- Personal info

If request is for an appraisal, please let us know what property you are appraising:

\_\_\_\_\_

Additional request comments:

\_\_\_\_\_

\_\_\_\_\_

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### For Internal Use Only

Assigned to: \_\_\_\_\_ Date of Response: \_\_\_\_\_

Approved by: \_\_\_\_\_ Follow-up Call: \_\_\_\_\_