

MOTOR VEHICLE APPRAISAL
(MUST BE TYPED OR PRINTED IN INK)

Motor Vehicle Information

Year _____ Make _____ Body Style _____

Vehicle Identification Number _____

Appraiser Information

Motor Vehicle Dealer or Licensed Insurance Adjuster Name _____ Dealer or Insurance Adjuster Number _____

Address _____ City _____ State _____ Zip code _____

Printed Name of Appraiser _____ (Area Code) Phone Number _____

Appraisal Information

Appraised Value \$ _____ Check One: Complete Vehicle Incomplete Vehicle

Comments: _____

Signature of Appraiser _____

Date of Appraisal _____