

Betsy Mak Appraisal Group

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REQUEST FORM

Date: _____

Requested By: _____

Tel/Cell #: _____

Fax #: _____

E-mail: _____

Company Name: _____

Company Address: _____

ITEM(S) REQUESTED: Appraiser's License

E/O Insurance

Please fax this request form to (718) 352-0063