

Date Received: _____ Investigation or Other Identification #: _____ Check Number (if required): _____ <p style="text-align: center;">For Board Use Only</p>
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APPRAISAL REPORTING FORM

APPRAISER INFORMATION

Name: _____
Last First Middle

Address: _____
Box or Street Number City

State Zip Code + 4 E-Mail Address Area Code Telephone Number

Nebraska Real Property Appraiser Credential Number: _____

SUBMITTAL INFORMATION

1. Submittal Due Date: _____
2. Please select the box below that best describes the reason for submittal.
 Final Order or Consent Order Board Required (non-consent order) Other
3. If Board Required or Other is selected, please provide a brief explanation below.
4. Indicate frequency, as communicated by the Board, that the Appraisal Reporting Form must be submitted for review.
 None One Time Quarterly Semiannually Annually
 - 4a. This is ____ of ____ submittals.
 - 4b. Next submittal is due on: _____
5. Are you required by the Board to submit a review fee with this Appraisal Reporting Form? Yes No
 - 5a. If yes, list the payment amount included: _____



SIGN HERE _____
Submitter's signature

APPRAISAL ACTIVITY LOG

Date Appraisal Report Signed	Property Identification (Legal Description or Address)	Property Type	Description of Work
		Residential <input type="checkbox"/> Commercial Agriculture	
		Residential <input type="checkbox"/> Commercial Agriculture	