

Date Received: _____ Investigation or Other Identification #: _____ Check Number (if required): _____ <p style="text-align: center;"><b>For Board Use Only</b></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	
		Residential <input type="checkbox"/> Commercial Agriculture	
		Residential <input type="checkbox"/> Commercial Agriculture	
		Residential <input type="checkbox"/> Commercial Agriculture	
		Residential <input type="checkbox"/> Commercial Agriculture	
		Residential <input type="checkbox"/> Commercial Agriculture	
		Residential <input type="checkbox"/> Commercial Agriculture	
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