NRPAB
Nebraska Real Property Appraiser Board
500 16th Street, Suite 202
PO Box 94963
Lincoln, NE 68509-4963
www.appraiser.ne.gov
402-471-9015

Date Received: _____

Investigation or
Other Identification #: _____

Check Number (if required): _____

For Board Use Only

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 ☐ Commercial ☐ Agriculture ☐	
		Residential ☐ Commercial ☐ Agriculture ☐	
		Residential ☐ Commercial ☐ Agriculture ☐	
		Residential ☐ Commercial ☐ Agriculture ☐	
		Residential ☐ Commercial ☐ Agriculture ☐	
		Residential ☐ Commercial ☐ Agriculture ☐	
		Residential ☐ Commercial ☐ Agriculture ☐	
		Residential ☐ Commercial ☐ Agriculture ☐	
		Residential ☐ Commercial ☐ Agriculture ☐	