



Market Appraisal Form

Suburb: _____ Address: _____
 Phone: (H) _____ Phone: (B) _____
 Email _____ Mobile: _____

Mel ref:	Type	Roof	Rooms	Age	Date:
Terrace	Remarks, Repairs, Fittings, Extras				
Entry					
Lounge					
Dining					
Family					
Rumpus					
Bed 1					
Bed 2					
Bed 3					
Bed 4					
Bed 5					
Study					
Bath 1					
Bath 2					
Kitchen					
Meals area					
Laundry					
Toilets	Vendor:				
Other					
Heating					
Air Con	Occupier:				
Hot Water					
Insulation					
Car Accom	Inspection Arrangements:				
Referral/Source:					
Conjunctional Agent:					
Agreed to:					
Lister:	Authority:	Expiry:			
Council Rates	\$	Land Size	\$		
Water rates	\$	Body Corp	\$		
Covenants					
Section 32	Y N	Solicitor:			
Comments:	Alarm/rewiring/plumbing etc.				