



FMV Request Form

Company Name:

Date:

Authorized By:

Phone #:

Equipment:

LEASE INFORMATION

Lessee Name:

DBA:

Address:

NOTES:

DOCUMENTS ATTACHED

Lease Agreement:

Exhibit A:

Original Invoice:

UCC:

Title:

Other:

TYPE OF SERVICE REQUESTED

Involuntary Repo:

911 Repo:

Collection:

Voluntary Repo:

End of Term:

Inspection/FMV: