



CHARTER NO.: _____

SUPERIOR LIEN:

NAME: _____ **AMOUNT:** _____

TYPE: _____

TERMS: _____

EXTENSION REQUESTED FOR (Check One):

_____ **INITIAL APPRAISAL**

_____ **3 YEAR APPRAISAL**

LENGTH OF EXTENSION PERIOD REQUESTED: _____

SUPPORT FOR EXTENSION REQUEST:

TRUST CO. CONTACT REGARDING THIS REQUEST:

NAME: _____ **TITLE:** _____

PHONE #: _____

EMAIL: _____

Please submit all appraisal extension requests to:

**Charles G. Cooper, Commissioner
Texas Department of Banking
2601 North Lamar Blvd.
Austin, Texas 78705**

Attention: Review Examiner