

EXTENSION REQUESTED FOR

INITIAL APPRAISAL

3 YEAR APPRAISAL

LENGTH OF EXTENSION PERIOD REQUESTED: _____

SUPPORT FOR EXTENSION REQUEST:

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| |
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BANK 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