

Kagan Fine Art Appraisals

Fax to Kagan Fine Art: 212-427-3742

ARTIST NAME: _____
TITLE: _____
TYPE OF OBJECT: _____
MEDIUM and SUPPORT: _____
MEASUREMENTS: _____
SUBJECT: _____
DATE: (completed by artist) _____
DATE: (purchased) _____
INSCRIPTIONS, MARKINGS: _____
PROVENANCE: _____
CONDITION: _____
PURCHASE PRICE: _____
NAME, ADDRESS of VENDOR: _____
DOCUMENTATION: _____
REASON FOR REQUESTING: _____
SERVICE REQUESTED: _____
YOUR NAME: _____
YOUR PHONE NUMBER: _____
YOUR EMAIL: _____
YOUR FAX NUMBER: _____