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Jenna M. Rodriguez
Chief Deputy

CIBOLA COUNTY ASSESSOR

Application for Mailing Address Change

Parcel Number or Legal Description of Property: _____

Property Owner's Name: _____

Current Situs or Address of Property: _____

Street

City

State

Zip

Daytime Phone Number: _____ E-mail Address: _____

Mailing Address Change to: _____

Street

City

State

Zip

Signature of Assessed Owner

Date

FOR OFFICIAL USE ONLY

Received By: _____ Date: _____

Updated By: _____ Date: _____