

Dolores Vallejos
Assessor



Jenna Rodriguez
Chief Deputy Assessor

CIBOLA COUNTY ASSESSOR

Application for Mailing Address Change

Account Number : _____

Property Owner's Name: _____

Mailing Address Change to: _____
Street

City State Zip

Signature of Assessed Owner

Date

Person requesting change if different than owner:

Print Name

Date

Signature

Relationship to Owner

FOR OFFICIAL USE ONLY

Received By: _____

Date: _____

Updated By: _____

Date: _____