



OFFICE OF THE COLFAX COUNTY ASSESSOR
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**STATEMENT OF INCREASE/DECREASE IN VALUE OF PROPERTY
Assessor's Appraisal Review Request Form**

Date: _____ Owner # _____ Acct # _____

Telephone # _____ Cell # _____

Physical Address: _____

Person Requesting Review: (i.e., property owner, title company, solid waste, etc.):

Reason for Review (proof of increase/decrease must be provided with this form):

Directions to property, identifiable characteristics or land marks:

APPRAISER'S SECTION

Date of Review: _____

Appraiser Conducting Field Review: _____

Appraiser's Response: (i.e., what was discussed with property owner and what was the final outcome):

Appraiser recommendation: _____

