



STATE OF NEW MEXICO
COUNTY OF GUADALUPE
OFFICE OF THE ASSESSOR

CHANGE OF ADDRESS DECLARATION

Owner(s) *Print full name(s):*

Care Of (C/O) if applicable:

OLD Address *Print full mailing address:*

NEW Address *Print full mailing address:*

Change the Mailing Address for property listed under the following parcels:

OWNER ID#

PARCEL CODE

Signature of ___ Owner ___ Relative or Authorized Agent (Check one and sign)

Signature _____ Date _____, 200__

Relationship to Owner _____

OFFICE USE

Change received by Mail - Date _____

Change received In Person

Change received from County Treasurer

Change received by Phone - Caller _____ Time _____

Call Received by _____ Phone no. _____