1000 Central Avenue, Suite 210
Los Alamos, NM 87544
P 505.662.8030 F 505.663.1764
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LOS ALAMOS
Assessor's Office

CHANGE OF MAILING ADDRESS FORM

Note: This form must be fully completed and returned to the assessor's office to administer any change(s). Form must be signed by all parties or accompanied by a letter of authorization. Incomplete forms will not be accepted.

ACCOUNT NUMBER(s) (As shown on Notice of Value)	**UPC#(Parcel ID)** (As shown on Notice of Value)	**PHYSICAL ADDRESS** (As shown on Notice of Value)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Current Owner on Record_____

or C/O_____

Old Mailing Address

_____

_____

_____

New Mailing Address

_____

_____

_____

Signature(s):

Owner or Agent:_____ Date:_____

Owner or Agent:_____ Date:_____

Owner Phone:_____

Office Use Only

Received By:_____ **Entered:** ❑ **Yes** ❑ **No**
Assessor's Staff **Date**_____