



Sharla Kennedy

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Application for Mailing Address Change:

Date: _____

Owner #: _____

Owner Name: _____

% Name: _____

Property Address: _____

Existing Mailing Address: _____

New Address: _____

Print Name: _____ Signature: _____

Daytime Phone Number: _____

**Please return this form to our office. You may return via mail, fax, in person, or email.
If emailing it please email to: srstroud@leacounty.net**

FOR OFFICE USE ONLY

Received By: _____

Date: _____

Updated By: _____

Date: _____