CAB-02
REV. 8/99

TAXATION AND REVENUE DEPARTMENT - PROPERTY TAX DIVISION

NEW MEXICO PROPERTY SUMMARY

CAB Identification Number _____ **Tax Year** _____

Name	
Address	**Telephone Number**
City / State / Zip Code	
Person to Contact	**Title**

COUNTY	PROPERTY VALUE	TAXABLE VALUE	CAB USE ONLY

PTD Use Only

APPROVED

_____
Date

_____
Name

I hereby affirm that this summary report and supporting forms and schedules are prepared from the books and records of the declarant property owner; and has been prepared either by me or under my direction; and is complete, true and correct according to the best of my knowledge, information and belief.

_____ _____
PRINT NAME TITLE

SIGNATURE _____ _____
DATE