

This form should be completed yearly. If any, check box to indicate a change.

PLEASE TYPE OR PRINT.

SAPB USE ONLY	
1. Firm Name <input type="checkbox"/>	
2. CAB ID Number _____ - _____	
3. Person to Contact <input type="checkbox"/>	4. Telephone Number <input type="checkbox"/>
5. Email Address: <input type="checkbox"/>	6. Fax Number <input type="checkbox"/>
7. Principle Business Location Address (Street / City / State / Zip Code) (No P.O. Box) <input type="checkbox"/>	
8. Owner's Name, Address (if Corporation, list three principle officers and addresses) <input type="checkbox"/>	
9. County where principal office in New Mexico is located:	
10. Mailing Address, if different from Business Location (Street / City / State / Zip Code) <input type="checkbox"/>	
11. Location where records are maintained, if different from Business Location (Street / City / State / Zip Code)	

I hereby affirm that the information reported in this form and any attached supplement is true and correct.
This application is to be signed by the owner of the property, a partner or an officer or authorized agent.

PRINT NAME

TITLE

SIGNATURE

DATE

Return this form and all attachments to the following address:
Taxation and Revenue Department
Property Tax Division, State Assessed Property Bureau
P.O. Box 25126, Santa Fe, NM 87504-5126

SAPB USE ONLY
Date Received:
Date Updated:
Date Assigned:
Assigned To: