City of Belen

Application for Address Assignment

Request for:

_____ New Address

_____ Address Change

_____ Address Confirmation

Address Assigned: _____

Change From: _____

Change To: _____

Existing Address: _____

Type of Property Use:

____ Residential (Single-Family) ____ Residential (Multi-Family) ____ Commercial ____ Industrial

____Other (describe) _____ Manufactured Home on Permanent Foundation: yes ____ no ____

Reason for Change:

____Existing Address is a duplicate of another ____New Construction ____Existing Address is out of sequence or range ____MH Placement

____Problems exist receiving emergency or other city services ____Other_____

Location Information:

County Account Number: R-_____ County Parcel Number: _____

Legal Description: Subdivision _____ Lot _____ Block _____

Section: _____ Township: _____ Range: _____

Property Owner of Record:

Name: _____ Telephone Number: _____

Address: _____ Email: _____

Signature of Owner (required if address change): _____

OFFICE USE ONLY

Zoning Officer Approval: _____ Date: _____

GIS Verification/Data Entry by: _____ Date: _____

Emailed to Valencia County Assessor: _____ (date) Emailed to Property Owner: _____ (date)

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