

**LINCOLN COUNTY RURAL ADDRESSING**

PO Box 666  
325 Tiger Dr  
Capitan, NM 88316  
575-354-2922

[jherrera@lincolncountynm.gov](mailto:jherrera@lincolncountynm.gov)



**RURAL ADDRESSING APPLICATION**

**CUSTOMER INFORMATION:**

DATE: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Current Mailing Address: House/Street: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Contact Phone: Work: \_\_\_\_\_ Home: \_\_\_\_\_

Mobile: \_\_\_\_\_ Other: \_\_\_\_\_

Email Address: \_\_\_\_\_

**CONTRACTOR INFORMATION:**

\*New or Existing Home: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Company Name: \_\_\_\_\_ NM State Lic #: \_\_\_\_\_

Address/City/St/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**LOCATION INFORMATION:** \*Driveway Location: **County Driveway Permit and Plans showing driveway are required!**

Owner Number: \_\_\_\_\_ Property GeoNumber: \_\_\_\_\_-000000

Subdivision: \_\_\_\_\_ Unit: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Tract: \_\_\_\_\_ or Section/Township/Range: \_\_\_\_\_

Main Road off of Driveway: \_\_\_\_\_

**ADDRESSING OFFICE USE ONLY:**

DATE: \_\_\_\_\_

Comments: \_\_\_\_\_

New 9-1-1 Address: House/Street: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

**ALL INFORMATION IS REQUIRED BEFORE AN ADDRESS WILL BE ISSUED**