

LESSEE INFORMATION FORM

Please complete and return this form to
NMSLO, Attn: Agricultural Leasing Bureau, P.O. Box 1148, Santa Fe, NM 87504-1148
or email it to SRDleasing@nmslo.gov .

Items with an * are required fields.

*Agricultural Lease No. _____

*Lessee Name: _____
(Name as it appears on first page of lease.)

If Lessee is other than an individual or individuals (such as a corporation, limited liability company, etc.),
name of person filling out form and relationship to lessee:

Name: _____ Relationship: _____

Please Note: Only one primary address of record may be designated. All billing statements and official correspondence will be sent to this address

*Mailing Address:

*Primary phone number: _____ Type: ☐ Home ☐ Mobile ☐ Work

Alternate phone number: _____ Type: ☐ Home ☐ Mobile ☐ Work

*At least one contact phone number is required for the lessee and the local/on-site manager of the lease.

*E-mail address: _____

*Name of local/on-site manager:

☐ Check if same as above

*Primary phone number: _____ Type: ☐ Home ☐ Mobile ☐ Work

*E-mail address: _____