



NEW MEXICO DEPARTMENT OF
FINANCE & ADMINISTRATION

**Local Government Budget Management System (LGBMS)
Disable Security Access Form (Disable-SAF)**

LGBMS Disable Access Request:

Disabling a User must be authorized by the local government representative (**Authorizer**) with highest fiscal oversight such as a Mayor, County Manager, Finance Director, Executive Director or Chief Financial Officer. Please email the completed/signed form to LGD.LGBMS@state.nm.us and cc your assigned LGD Budget Analyst.

Name of User (Printed First Name and Last Name):

Email Address (email used for LGBMS):

Local Government Name:

Disable Access Reason:

☐ Resigned ☐ Other

Authorizer Name (Printed first and last name): _____

Authorizer Title (Authorizer cannot be the same as user): _____

Phone Number (Please include area code): _____

Email Address: _____

Authorizer: Please read carefully and initial only the statements that apply. I acknowledge with my initials and signature on this page, I will comply with the following requirements:

_____ I understand it is my responsibility as the representative with highest fiscal oversight to submit an updated LGBMS SAF in the event of a User's departure, change, or transfer.

_____ I confirm that the information entered above is **true** and **accurate** to the best of my knowledge.

Authorizer Signature: _____ **Date:** _____