



NEW MEXICO DEPARTMENT OF
FINANCE & ADMINISTRATION

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

LGBMS Disable Access Request:

Disabling a User must be authorized by the local government representative (Authorizer) with the 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@dfa.nm.gov and cc your assigned LGD Budget Analyst.

USER TO BE DISABLED:

Name (Printed First Name and Last Name): _____

Disable Access Reason: Resigned Other

Email Address (associated with LGBMS account): _____

Local Government/Entity Name: _____

AUTHORIZER:

Name (Printed first and last name): _____

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 statements:

_____ I understand it is my responsibility as the representative with the 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:** _____

DFA Analyst Signature: _____ **Date:** _____