



NEW MEXICO DEPARTMENT OF
FINANCE & ADMINISTRATION

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

LGBMS Access Request:

Please fill out page 1 of this form to request new system access or modify an existing user account. The user must read and initial each highlighted statement below at the end of Page 1-2 and Sign. The 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 fill out Authorizer portion. **Authorizer**, please read and initial highlighted statements on page 2 and sign. Please email the completed/signed form to your assigned LGD Budget Analyst.

Fiscal Year **2025 - 2026**

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

User Title: _____

Phone Number (Please include area code):

Email Address (cannot be shared/group email):

Local Government Name:

County: _____

Access Requirements: Please select only **one** option.

☐ Read Only Access ☐ Submit & Read Data Access

Accounting Software: Please enter your current accounting software. _____

Hardware: LGBMS is accessible via desktop, laptop, and tablet, please check **yes** or **no** if you have access to a computer with Windows 7 or newer, a Mac OSX 10.6 or newer or a tablet with a similar Operating System.

☐ Yes ☐ No

Software: Minimum Software requirements are Spreadsheet Software and a PDF Reader. Please check **yes** or **no** if you have these pieces of software.

☐ Yes ☐ No

Browsers: LGBMS can be used in most browsers; please check all that apply.

☐ Internet Explorer ☐ Chrome ☐ Firefox ☐ Safari ☐ Other: _____

User: Please read and initial each of the following statements. I acknowledge with my signature on page 2, I will comply with the following requirements:

_____ I understand that my User-Name and Password, allowing LGBMS files and/or applications, are confidential and are available solely for my own use in carrying out my job responsibilities. I may face disciplinary and up to legal action if I loan, divulge or make this information available in any form to any other individual.

(Please Select 1 Option)

☐ NEW account

☐ MODIFY existing account

☐ TEMP staff

☐ CONTINUE access (**SAF required each fiscal year**)

Security Approval Level

☐ Can Manage (Level 1)
OR

☐ Can Authorize (Level 2)

_____ I understand the Department of Finance and Administration reserves the right to revoke access to LGBMS at any time for any reason.

_____ I understand in the event that I am found to be misusing or abusing LGBMS I maybe face disciplinary and up to legal action.

_____ I understand that the files uploaded and data entered using LGBMS resources are the property of the Department of Finance and Administration.

_____ I understand the State of New Mexico reserves the right to review, audit and inspect, at its discretion, files or data present in LGBMS which is considered public information and is subject to the Inspection of Public Records Act (Chapter 14, Article 2, NMSA 1978)

_____ I understand any comments I send or receive may be recorded and stored in an archive file by Department of Finance and Administration.

_____ I confirm that **the** information given in this form is **true**, complete and **accurate**.

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 statement that applies. I acknowledge with my initials and signature on this page, I will comply with the following requirements:

_____ I authorize this User to have **Submit & Read Data Access**, to submit financial data for the above local government.

Or

_____ I authorize this **User Read Only Access**.

_____ 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 understand that the above User will have access to all modules in LGBMS.

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

User Signature: _____ **Date:** _____

Authorizer Signature: _____ **Date:** _____

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