

STATE OF NEW MEXICO
TAXATION AND REVENUE DEPARTMENT

**REQUEST FOR RECORDS PURSUANT TO
NMSA, § 1978 7-1-8.9(A)(3)**

New Mexico Taxation and Revenue Department
Compliance Bureau
P. O. Box 8575
Albuquerque, New Mexico 87198-8575

To Whom It May Concern:

In accordance with NMSA 1978, § 7-1-8.9(A)(3), the **municipality or county of** _____ hereby requests that records of the New Mexico Taxation and Revenue Department pertaining to an increase or decrease to a distribution or transfer made pursuant to NMSA 1978, § Section 7-1-6.15 for the period of _____ be provided for inspection.

Municipality or County **Location Code(s):**

Signature of Authorized Representative:

Title (Mayor, County Commissioner, City or County Clerk or Manager or
Other Authorized Representative)

Date

Except as provided in NMSA 1978, § 7-1-8.9, the information provided pursuant to this request cannot be disclosed to anyone else by any recipient. The unauthorized release of taxpayer information to anyone may subject you to a fine of \$1,000 and/or 1 year imprisonment pursuant to NMSA 1978, § 7-1-76.

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LIST OF AUTHORIZED PERSONNEL

The following is a list of municipal/county officials, employees and/or agents authorized to request and receive taxpayer information from the Taxation and Revenue Department as provided in NMSA 1978, § 7-1-8.9(A)(3). Each official, employee and/or agent, by signing this form, explicitly agrees to abide by all provisions of the Agreement of Confidentiality, dated _____ entered into between the New Mexico Taxation and Revenue Department and _____ Each official, employee and/or agent explicitly agrees to be bound at all times by the provisions of NMSA 1978, § 7-1-8 and 7-1-76, relating to confidentiality of Records and penalties for breach. Each official, employee and/or agent explicitly agrees to be subject to jurisdiction of the courts of New Mexico in any proceeding involving any breach under the Agreement of Confidentiality.

Municipal/County officials, employees and/or agents authorized to request and receive the requested information who have completed the required Confidentiality Training and have signed the Agreement of Confidentiality:

(1):
Name: _____ Title: _____

Email Address: _____

Telephone Number: _____

(2) :
Name: _____ Title: _____

Email Address: _____

Telephone Number: _____

(3):
Name: _____ Title: _____

Email Address: _____

Telephone Number: _____

Please return this Request for Records pursuant to NMSA 1978, § 7-1-8.9(A)(3) authorization form to:

NM Taxation and Revenue Department
Tax Policy Office
P.O. Box 630
Santa Fe, NM 87504-0630