

STATE OF NEW MEXICO
TAXATION AND REVENUE DEPARTMENT

**REQUEST FOR RECORDS PURSUANT TO
NMSA 1978, § 7-1-8.9**

New Mexico Taxation and Revenue Department
Attention: Local Government Liaison
P. O. Box 630
Santa Fe, New Mexico 87504-0630
tax.localgov@state.nm.us

To Whom It May Concern:

In accordance with NMSA 1978, § 7-1-8.9(A), the **municipality or county of**

hereby requests that records of the New Mexico Taxation and Revenue Department for the period of _____ to _____ be provided for inspection pursuant to:

7-1-8.9(A)(1)(a) for municipality or 7-1-8.9(B)(1)(a) for county – *455 - GRT Filers by Location* report

7-1-8.9(A)(1)(b) for municipality or 7-1-8.9(B)(1)(b) for county – *Monthly Local Government GRT Payer Range* report

7-1-8.9(A)(1)(c) for municipality or 7-1-8.9(B)(1)(c) for county – municipality or county must furnish a list of businesses

7-1-8.9(A)(3) records pertaining to a distribution – *Distribution Decrease or Increase* report

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

Signature of Authorized Inspector

Title

Date

STATE OF NEW MEXICO
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**REQUEST FOR RECORDS PURSUANT TO
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LIST OF AUTHORIZED INSPECTORS

I,
("Inspecting Party") hereby certify that the following persons are Authorized Inspectors,
having completed the required Confidentiality Training and are bound by the terms of
Confidentiality Agreement

(1):
Name: _____ Title: _____

Email Address: _____

Telephone Number: _____

(2) :
Name: _____ Title: _____

Email Address: _____

Telephone Number: _____

(3):
Name: _____ Title: _____

Email Address: _____

Telephone Number: _____

Signature of Inspecting Party

Title

Date

Please return this List of Authorized Inspectors form to:

New Mexico Taxation and Revenue Department
OOS Attention: Local Government Liaison
P. O. Box 630
Albuquerque, New Mexico 87504-0630
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