

ELDORADO COMMUNITY IMPROVEMENT **PROPERTY FILE ACCESS AUTHORIZATION FORM**

Date of Request: _____

Name of Person Authorized to Access My File: _____

Address: _____ Phone Number: _____

E-Mail: _____

Address of Requested Records: _____

UBL: _____

Records Requested:

Reason for Access: _____

Name of Lot Owner Authorizing Access: _____

Address/phone/email: _____

I authorize the above party to access the above records in my files at the offices of the ECIA, in Santa Fe, New Mexico and I allow them to remove them from the ECIA for copying, if needed. It is our understanding that all records shall be returned to the ECIA within 14 days of taking them out. This authorization is valid for 6 months from the date noted below.

Lot Owner Signature: _____ Date: _____

Verified by ECIA Representative: _____ Date: _____