

**Curry County**  
**New Mexico**  
**Board of County Commissioners**  
417 Gidding Street, Suite 100  
Clovis, NM 88101  
Phone (575) 763-6016 · FAX (575) 763-3656



**COMMISSIONERS**  
**Fidel Madrid · District 1**  
**Brad Bender · District 2**  
**Dusty Leatherwood · District 3**  
**Seth Martin · District 4**  
**Kyle Cain · District 5**  
  
**County Manager · Lance A. Pyle**

## PROOF OF RESIDENCY

The Indigent Hospital Claims Administration requests verification of residency for \_\_\_\_\_ . Please provide the following information:  
Applicant's/Patient's Name

I verify that I have known this individual for the past \_\_\_\_\_ months/years I  
(circle one)  
declare that I am not related to this individual and state that this person resides

at: \_\_\_\_\_ located in  
Street Address  
\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
City/State mo/yr mo/yr

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_  
City/State/Zip

Tel. No: \_\_\_\_\_

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

**PLEASE RETURN TO:**

Curry County Indigent Hospital Claims Fund  
417 Gidding, Suite 100  
Clovis, NM 88101