

*Curry County
New Mexico*

700 N. Main Street, Suite 10
Clovis, New Mexico 88101
Phone (575) 763-6016 • Fax (575) 763-3656



COMMISSIONERS
Angelina Baca • District 1
Ben L. McDaniel • District 2
Chet Spear • District 3
Wendell Bostwick • District 4
Tim L. Ashley • 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
700 North Main, Ste. 10
Clovis, NM 88101-6664