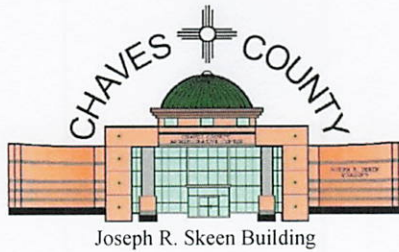


**CHAVES COUNTY
HEALTHCARE SERVICES**
P.O. Box 1597
Roswell, NM 88202-1597
Phone 575-624-6547, 575-624-6545
Fax 575-627-7554

Health Care Director
Jeff Ortega



COMMISSIONERS
Dara Dana · District 1
Cliff Waide · District 2
Herbert Corn · District 3
Richard Taylor · District 4
Michael Perry · District 5

County Manager
Bill Williams

Proof of Residency

I understand that I am knowingly providing this information and declare it is true and correct. I understand that Chaves County can and will prosecute me for any false information provided knowingly by me and this will constitute a felony charge, which could result in fines and incarceration.

The Chaves County Healthcare Services requests verification of residency for:

Name

I verify that I have known this individual for the past _____ months/years.
(Circle one)

I declare that I am not related to this individual and state this person resides at:

Street Address

located in _____ from _____ to _____
City, State mo./yr. mo./yr.

I verify the above individual has been a Chaves County resident for _____
mo./yr.

VERIFYING INDIVIDUALS' INFORMATION

Signature: _____

Print Name: _____ Date: _____

Address: _____ Tel. NO. _____

STATE OF NEW MEXICO)

)

COUNTY OF _____)

SUBSCRIBED AND SWORN TO before me this _____ day of _____ 20____

Seal

Notary Public

My Commission Expires