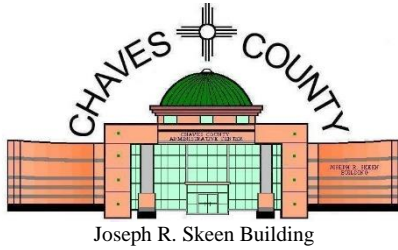


**CHAVES COUNTY
HEALTHCARE SERVICES**

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
- T. Calder Ezzell Jr · District 2
- Jeff Bilberry · 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____

Notary Public

Seal
My Commission Expires