

COUNTY LIVESTOCK LOSS AUTHORITY  
1712 North Date Street  
Truth or Consequences, NM 87901  
(575) 894-6215

### LIVESTOCK DEPREDATION CLAIM FORM

The County Livestock Loss Authority provides compensation to producers who have had domestic cattle, sheep, horses, or mules injured or killed by Mexican wolves. Compensation is subject to available funding. Compensation will be provided in accordance with the County Livestock Loss Authority Operating Procedures.

Mail a completed application and a complete copy of the Depredation Report that was prepared by and received from Wildlife Services, a Tribal Investigator, or a member of the USFWS Interdisciplinary Field Team, to:

County Livestock Loss Authority  
Attn: Amber Vaughn  
Sierra County Manager  
1712 N. Date Street  
Truth or Consequences, NM 87901

You may also scan and email a completed application to [avaughn@sierraco.org](mailto:avaughn@sierraco.org).

### APPLICANT INFORMATION

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Name of Livestock Owner

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Mailing Address

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City State Zip Code

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Telephone Number

Email Address

### PRIMARY CONTACT PERSON (if different)

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Name of Primary Contact Person (if not the same as Applicant)

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Mailing Address

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City

State

Zip Code

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Telephone Number

Email Address

**W-9**

Submission of a claim does not guarantee approval. The County Livestock Loss Authority will approve claims based upon available funds and the merits of the claim. If your claim is approved, you will be required to submit a completed W-9 form before payment may be issued. To avoid delay, you are encouraged to submit a current W-9 with your application.

**BOARD LIABILITY AND RELEASE**

To address issues with the Anti-Donation Clause in the New Mexico Constitution, the CLLA must have a full and complete release of all claims the applicant, his or her successors, and/or assigns have against the County Livestock Loss Authority, its board members, and the member Counties, their officers, employees, agents, and contractors, for claims related to the death, injury, or loss of the animal for which the claim is submitted. The County Livestock Loss Authority, its member Counties, their officers, employees, agents and contractors are not responsible for any taxes occasioned by virtue of any payment. Claimant acknowledges that they may be responsible for state and/or federal income tax for compensation provided as a result of this claim.

**DISCLOSURE AND CONFIDENTIALITY**

I understand that any information provided to the County Livestock Loss Authority in relation to this claim is subject to disclosure under the New Mexico Inspection of Public Records Act, except as otherwise expressly provided therein. By submitting this claim, I knowingly waive any right to confidentiality in relation to the material submitted in conjunction with this claim, subject to the exceptions referenced above. I further swear and affirm that the information provided in this application and any additional information that may be provided to the County Livestock Loss Authority in relation to this claim is true and accurate to the best of my knowledge.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Signatory Name: \_\_\_\_\_

I swear or affirm that I am legally authorized to represent and enter into contractual agreements on behalf of this organization.

Name of Organization: \_\_\_\_\_

Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Signatory Name: \_\_\_\_\_