

**REQUIREMENTS For CITY MEDICAL TRUST FUND**

- \* LETTER TO MAYOR
- \* CERTIFICATE OF INDIGENCY ( 1 ORIG & 1 Xerox)
- \* 2 XEROX OF VALID ID
- \* 2 XEROX OF CHARGE SLIP/ HOSPITAL BILL
- \* MEDICAL CERTIFICATE (1ORIG & 1 XEROX)