RICKY HATCH, CPA
WEBER COUNTY CLERK/AUDITOR
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PHONE: (801) 399-8400

MEDICAL STATEMENT

Include with **Abatement Tax Relief** Application

webercountyutah.gov/clerk_auditor/add_tax_relief.php

WEBER COUNTY

Qualifications: You may qualify for a property tax reduction if the County finds that you will have extreme financial hardship without it. (See UCA 59-2-1109(1)(a) and (b))

Instructions: Please complete this form and submit it with your Tax Relief Application.

Applicant Information

1._____ 2._____

Applicant's Last Name First Name Middle Name Parcel Number OR Mobile Home Info.

Signed Statement of Medical Disability (This section to be completed by a medical professional.)

3. Is this disability permanent? ☐ Yes ☐ No If No, what is the expected duration? _____

4. Please briefly describe the nature and extent of the patient's disability (use additional pages if necessary):

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I declare and certify to the best of my knowledge and understanding that the information supplied on this statement, and any supporting attachments with my signature, are true, correct, and complete.

5. _____ _____ 7. _____

Physician's Signature Date Physician's Office Phone Number

6. _____ 8. _____

Physician's Name (please print)

_____

Physician's Office Address