

Ricky Hatch, CPA

Weber County Clerk/Auditor
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(801)399-8489
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MEDICAL CERTIFICATION
Include with your Abatement Tax Relief Application



COMPLETE TAX RELIEF APPLICATION MUST BE SUBMITTED BY SEPTEMBER 1, 2026

Applicant Information

Applicant's Last Name	Applicant's First Name	M.I.	Parcel Number or Mobile Home Number
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You may qualify for a property tax reduction if the County finds that you will have extreme financial hardship without it. (See UCA 59-2-1801(7)(a)(ii)(B)).

Signed Statement of Medical Disability (To be completed by a medical professional.)

- (1) Is this disability permanent? Yes No If No, what is the expected duration? _____
- (2) Please briefly describe the nature and extent of the patient's disability. (Use additional pages, if necessary.)

Sworn Statement

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.

Physician Name (Please Print)	Office Phone Number
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Physician's Office Address

Physician's Signature	Date
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