

MEDICAL STATEMENT
Include with **Abatement Tax Relief** Application
webercountyutah.gov/clerk_auditor/add_tax_relief.php



Qualifications: You may qualify for a property tax reduction if the County finds that you will have extreme financial hardship without it. (See UCA 59-2-1801 (7)(a)(ii)(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):

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

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. _____
Physician's Signature Date

7. _____
Physician's Office Phone Number

6. _____
Physician's Name (please print)

8. _____

Physician's Office Address