

PHYSICIAN'S LETTER
(SAMPLE)

THIS IS A SAMPLE OF THE LETTER WHICH MUST BE PROVIDED BY A PHYSICIAN BEFORE A DISABILITY PROPERTY TAX DEDUCTION MAY BE GRANTED. THIS MUST APPEAR ON PHYSICIAN'S LETTERHEAD.

This is to certify that (Patient's Name) is 100% totally and permanently disabled and unable to work. He/She has been disabled as of: (Date of Disablement).

(Physician's Signature)