

City and Borough of Sitka
Assessing Department
 100 Lincoln Street · Sitka · Alaska 99835
 Phone: (907) 747-1822
 www.assessing@cityofsitka.org

MEDICAL TREATMENT VERIFICATION FOR CALENDAR YEAR 2017

You have indicated that you were absent from the Borough for medical treatment. To be an allowable absence, medical treatment must be continuous on the advice of a licensed physician, and not based on the need for a climatic change.

Parcel ID number (PIN): _____

You must have your physician complete the information below. You must sign the release before you return it to us. If your medical absence was not continuous or was not on the advice of a licensed physician, your exemption will be denied.

Applicant: I authorize the physician listed below to release information regarding my medical absence to the City and Borough of Sitka Assessing Department.

Printed name of Patient (Applicant)	Social Security Number	Date of Birth
X	Date	Telephone Number
Signature of Patient (Applicant)		

You must provide the requested information **within 30 days after the date of this request**. If you do not, your application will be **denied**.

Physician: This is to certify that the patient (applicant) named above is a patient in my care and I recommended or provided treatment for the patient outside of Alaska. The patient received continuous medical treatment during the **calendar year 2017** as outlined below. Treatment was not based on a need for climatic change.

<u>Continuous Medical Treatment</u>	<u>Reason for Referral</u>	<u>Location of Treatment</u>
-Began- -Ended-		
Mo. Day Year Mo. Day Year		
Mo. Day Year Mo. Day Year		
Mo. Day Year Mo. Day Year		

X	Date
Signature of Physician	
Printed Name of Physician	() Telephone Number
Mailing Address of Physician	
City, State, Zip code	

Send the completed form to: City & Borough of Sitka
 Assessing Department
 100 Lincoln Street, Room 108
 Sitka, Alaska 99835