

COLUMBIA COUNTY TAX COMMISSIONER

Property Tax Division-Homestead Exemption

630 Ronald Reagan Dr.

Evans, GA 30809

706-261-8299

[www.columbiacountyga.gov/taxcommissioner](http://www.columbiacountyga.gov/taxcommissioner)

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**Physician's Affidavit for Medical Disability**

This form must be returned to the Columbia County Tax Commissioner's Office by April 15<sup>th</sup>.

Name: \_\_\_\_\_ Parcel ID: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

The undersigned being a medical doctor duly licensed by the State of Georgia, does hereby certify that:

I personally examined the above named individual who has applied for a disability homestead exemption to the Tax Commissioner of Columbia County, Georgia and find that as a result of my examination, the condition of the said applicant as of \_\_\_\_\_, 20\_\_\_\_ is to be as follows:

It is my opinion that the above named applicant is mentally or physically incapacitated to the extent that he/she is unable to be gainfully employed and that such incapacity is likely to be permanent.

I understand that a representative from the Columbia County Tax Commissioner's Office will contact my office to verify this information.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Office Phone Number

Print Physician's Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sworn to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

Notary Public, State of Georgia