KENAI PENINSULA BOROUGH

144 North Binkley Street Soldotna, Alaska 99669-7520
Toll-free within the Borough: 1-800-478-4441
PHONE: (907) 714-2230 **FAX**: (907) 714-2393
www.borough.kenai.ak.us

MEDICAL TREATMENT VERIFICATION for CALENDAR YEAR 2009

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.

In order for the Assessing Department to complete consideration of your exemption request for Parcel Number:

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 Kenai Peninsula Borough Assessing Department.

_____ _____ _____
Printed Name of Patient (Applicant) Social Security Number Date of Birth

X_____ _____ _____
Signature of Patient (Applicant) Date Telephone Number

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. This patient received continuous medical treatment during **calendar year 2009** as outlined below. Treatment was not based on a need for climatic change.

Continuous Medical Treatment --- Began --- (Month Day Year)	Continuous Medical Treatment --- Ended --- (Month Day Year)	Reason for Referral	Location of Treatment
____ ____ ____	____ ____ ____	_____	_____
____ ____ ____	____ ____ ____	_____	_____
____ ____ ____	____ ____ ____	_____	_____

X_____ _____
Signature of Physician Date

_____ (_____)_____
Printed Name of Physician Telephone Number

_____
Mailing Address of Physician

_____
City, State, ZipCode

Send this completed form to:

Kenai Peninsula Borough
Department of Assessing
144 North Binkley Street
Soldotna, AK 99669