

COLUMBIA COUNTY TAX COMMISSIONER

Property Tax Division-Homestead Exemption
630 Ronald Reagan Dr.
P O Box 3030
Evans, GA 30809
706-261-8299
www.columbiacountyga.gov/taxcommissioner



Physician's Affidavit for Medical Disability

This form must be returned to the Columbia County Tax Commissioner's Office by April 1st.

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 may 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__

Notary Public, State of Georgia My Commission Expires: _____