

**PHYSICIAN'S CERTIFICATE OF PHYSICAL CONDITION
HARDSHIP RENEWAL**

File No. _____

Name _____

Polk County Community Development
Planning Division
Polk County Courthouse
850 Main Street
Dallas, OR 97338

The term "Hardship" means a condition relating to the physical health of the infirm or persons otherwise incapable of maintaining a complete, separate and detached residence apart from their family. Such condition shall be certified by a physician familiar with the individual(s) involved."

NOTE TO PHYSICIAN

If in your judgement your patient qualifies under these provisions, the following must be completed and returned to your patient for submittal to our office.

This is to certify that _____ (name of patient) is a patient of mine. It is my medical opinion that this patient's condition complies with the definition of "hardship" shown above.

Physician's Name (Please type or print)

Physician's Address

Telephone Number

Physician's Signature

Date

Note to Applicant: Please note that a renewal fee is due every two years. To avoid a late fee, the hardship shall be renewed within 30 days of expiration. Please contact staff for renewal date and amount due.