



Compassionate Property Tax Penalty Relief Program

Medical Practitioner Declaration Form

Instructions

This form is used to support the property owner's request for Compassionate Property Tax Penalty Relief for medical reasons, such as emergency hospitalization or critical illness diagnosis. This completed form must be submitted by the property owner or their representative with their application for Compassionate Property Tax Penalty Relief, either by email to property.tax@calgary.ca or online at [Compassionate Property Tax Penalty Relief Program](#)

Note that submission of this form does not guarantee tax relief.

Section 1: Property Owner / Patient Information

Name:			
Phone Number:		Email Address:	
Property Roll Number (if known):		Property Address:	

Section 2: Medical Practitioner Information

Practitioner Name:			Phone Number:	
Medical Practice Address:				
Date(s) of Treatment:				

Section 3: Medical Declaration

The Compassionate Property Tax Penalty Relief Program offers a cancellation of penalties incurred by a Calgary property owner for non-payment of their property taxes when the property owner experiences Extraordinary Circumstances. **Extraordinary Circumstances must directly impact a property owner's ability to complete their payment.**

Examples of qualifying medical circumstances include **emergency hospitalization or surgery** near the payment deadline, or new **critical illness diagnosis**.

This is to certify that:

I, the medical practitioner listed in Section 2, examined or treated the Property Owner/Patient listed in Section 1, on the Date(s) of Treatment listed in Section 2.

I understand that the Property Owner/Patient is applying for Compassionate Property Tax Penalty Relief due to medical condition(s) which directly impacted their ability to complete payment of their property taxes on time.

The medical condition(s) for which the Property Owner/Patient was examined or treated had significant impacts on their ability to manage daily activities, including to manage their financial responsibilities. As a result of their medical condition(s) and/or treatment(s), they were unable to complete payment of their property taxes on time.

If further information is required, I may be contacted at the address or phone number listed in Section 2.

Medical Practitioner Signature

Date