



TAOS COUNTY Solid Waste Administration

105 Albright Street, Suite X
Taos, New Mexico 87571
Phone (575) 737-6337

DISABILITY FORM

Date: _____

Taos County Solid Waste Division
105 Albright St Ste X
Taos, NM 87571

Re: Patient Disability Status

Dear Taos County Solid Waste;

I certify that _____

Printed Name of Disabled Person

(Acct # _____)
For Solid Waste Office Use

is _____% disabled, with a start date of _____ and will _____ will not _____

recover. The expected time frame on recovery is _____.

Physician: Sign your name on the line indicated below.

There is no reasonable probability that
the disabled condition will ever improve _____

Physician's Signature

Date

Doctor's Name Printed

Address

City, St Zip
