



You have applied for a North Liberty Transportation Assistance Program (NLTAP) card under Option C: Permanent Disability or Option D: Temporary Disability. The application you filled out specifies that **a note from your physician is required** to receive NLTAP service under Option C or Option D. Please have your physician fill out the following verification letter attesting to the presence of a handicap. We do not need details about the condition or any other private medical information. This letter should be returned to the City of North Liberty (C/O Angela McConville, 3 Quail Creek Circle, North Liberty, IA 52317) within 30 days of receiving a NLTAP card or your privileges may be limited or revoked.

Patient Information

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

----- TO BE FILLED OUT BY PHYSICIAN ONLY -----

Physician Information

Name: \_\_\_\_\_

Clinic: \_\_\_\_\_

Phone #: \_\_\_\_\_

Please initial below where applicable:

I confirm that this patient has a medical condition (physical or mental) which constitutes a **substantial handicap** (including procedures which will impact their ability to drive).

The nature of the medical condition is **permanent**.

**OR**

The nature of the medical condition is **temporary**.  
Patient can resume driving on \_\_\_\_\_ (date).

Signature: \_\_\_\_\_

Date: \_\_\_\_\_