

PHYSICIAN'S AFFIDAVIT **OF** PERMANENT AND TOTAL DISABILITY

ADDRESS CITYSTATEZIP CODE	NAME OF PERSON EXAM	MINED		
I am actively providing treatment directly related to the permanent and total disability of the person named above seeking this exemption. YesNo My professional opinion is that the person named above is permanently and totally disabled. YesNo The person named above seeking this exemption has been permanently and totally disabled since Month/day/year AFFIDAVIT OF PHYSICIAN I, certify that I have personally examined the physical condition of the above named individual and determined him or her to be permanently and totally disabled. I understand that according to Title 40-9-21.2 "any person who knowingly and willfully gives false information for the purpose of assisting another person in claiming a homestead exemption, shall be ordered to pay twice the amount of any ad valorem tax which would have been due retroactive for a period of up to 10 years plus interest at a rate of 15 percent per annum from the date the tax would have been due." SIGNATURE OF PHYSICIAN	ADDRESS			
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AFFIDAVIT OF PHYSICIAN AFFIDAVIT OF PHYSICIAN	I am actively providing tre exemption. YesNo_	atment directly related to the permanent a	nd total disability of the per	rson named above seeking this
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PHYSICIAN NAME ISSUE DATEEXPIRATION BUSINESS ADDRESS	Title 40-9-21.2 "any person in claiming a horwould have been due ret	son who knowingly and willfully gives nestead exemption, shall be ordered to troactive for a period of up to 10 years	false information for the pay twice the amount of	purpose of assisting another any ad valorem tax which
CURRENT ALABAMA MEDICAL LICENSE NUMBER ISSUE DATEEXPIRATION BUSINESS ADDRESS	SIGNATURE OF PHYSI	CIAN		
BUSINESS ADDRESS	PHYSICIAN NAME			· · · · · · · · · · · · · · · · · · ·
	CURRENT ALABAMA	MEDICAL LICENSE NUMBER	ISSUE DATE	EXPIRATION
	BUSINESS ADDRESS_			
DATE	DHONE			

Mobile County Revenue Commissioner P. O. Drawer 1169 Mobile, Al 36633

Phone: 251-574-4739 or 574-5697