

Marilyn E. Wood
Revenue Commissioner
P.O. Box 1169
Mobile, Alabama 36633-1169

ACT 48 EXEMPTION

DATE: _____

KEY NUMBER: _____

TELEPHONE NUMBER: _____

TO WHOM IT MAY CONCERN:

This is to certify that our records show that _____, has
(Property Owner/Claimant's Name)

been drawing Disability Benefits as a "Totally Disabled Claimant" since

_____/_____/_____.
Month Day Year

Social Security Administration
(Please print or type)

By: _____

Date: _____