

Marilyn E. Wood
Revenue Commissioner
Mobile County
P.O. Drawer 1169
Mobile, AL 36633-1169

Social Security Administration Exemption Form
Act 48

Date _____

KEY NUMBER _____

Name _____

—

Address _____

—

City _____ STATE ALABAMA ZIP Code _____

Telephone _____

This is to certify that the above listed property owner/claimant has drawn Social Security benefits as a TOTALLY DISABLED CLAIMANT since _____ .

(Date)

Social Security Administration

(authorized signature)

(Date)

Assessing Department/Exemption Information 251-574-4739