

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

## Physician Statement

Date \_\_\_\_\_

KEY NUMBER \_\_\_\_\_

Patient  
Name \_\_\_\_\_

Address \_\_\_\_\_

—

City \_\_\_\_\_ STATE ALABAMA ZIP Code \_\_\_\_\_

Telephone \_\_\_\_\_

This is to certify that the above listed patient is considered TOTALLY and PERMANENTLY  
disabled as of \_\_\_\_\_ .  
(Date)

\_\_\_\_\_  
(Physician's Signature)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Physician Name and Address)

Assessing Department/Exemption Information 251-574-4739

mobilecopropertytax.com