

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

BLIND CERTIFICATION STATEMENT

DATE: _____

KEY NUMBER: _____

TELEPHONE NUMBER: _____

TO WHOM IT MAY CONCERN:

This is to certify that _____, meets the following requirements:
(Property Owner/Claimants Name)

Section 1-1-3

"Blind person" defined; how blindness proved.

(a) As used in this Code or any statute of this state heretofore or hereafter enacted, unless the context requires a different meaning, the term "blind person" means a natural person who has no vision or whose vision with correcting glasses is so defective as to prevent the performance of ordinary activities for which eyesight is essential, or who has central visual acuity of 20/200 or less in the better eye with correcting glasses, or whose central visual acuity is more than 20/200 in the better eye with correcting glasses but whose peripheral field has contracted to such an extent that the widest diameter of the visual field subtends an angular distance no greater than 20 degrees.

PLEASE PRINT OR STAMP

**Doctor's name and address
& Phone number:**

Doctor's signature:
***** (Required) *****

*****Must be signed by a LICENSED OPHTHALMOLOGIST OR OPTOMETRIST*****