



# DOUGLAS COUNTY BOARD OF COMMISSIONERS

**Location:**  
6200 Fairburn Road  
Douglasville, GA 30134

**APPRAISAL DEPARTMENT**  
Telephone: (770) 920-7228

**Mailing Address:**  
8700 Hospital Drive  
Douglasville, GA 30134

DOUGLAS COUNTY BOARD OF ASSESSORS  
Homestead Division  
Physician's Disability Certification

CLAIMANT'S NAME \_\_\_\_\_

ADDRESS

PARCEL ID# \_\_\_\_\_ PHONE# \_\_\_\_\_

This is to certify that in my opinion \_\_\_\_\_ (patient's name) is mentally or physically incapacitated to the extent that he/she is unable to be gainfully employed and that such incapacity is likely to be permanent.

I further certify that I am licensed to practice medicine under Chapter 34 of Title 43 of the O.C.G.A., relative to medical practitioners, as now or hereafter amended.

I understand that a representative from the Douglas County Assessors' Office may contact my office to verify this information.

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Digitized by srujanika@gmail.com

Doctor's Name (Please Print)

Doctor's Signature

Office Address

### Office Phone Number

Sworn to and subscribed before me

this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

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Notary Public  
My commission expires: \_\_\_\_\_

SEAL

Created August 29, 2019