



# 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.

\_\_\_\_\_ Doctor's Name (Please Print)

\_\_\_\_\_ Doctor's Signature

\_\_\_\_\_ Office Address

\_\_\_\_\_ Office Phone Number

Sworn to and subscribed before me

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

\_\_\_\_\_ Notary Public

My commission expires: \_\_\_\_\_

SEAL

Created August 29, 2019