CERTIFICATION OF DISABILITY FOR PROPERTY TAX EXEMPTION

(VETERANS PLEASE CONTACT YOUR LOCAL COUNTY ASSESSOR FOR DISABILITY FILING REQUIREMENTS)

Pursuant to Article IX, Section 2 of the Arizona Constitution, A.R.S. Title 42, Chapter 11, Article 3, § 42-11111 and Article 4, §§ 42-11151, 42-11152, 42-11153.

This form can be completed online and then printed, or it can be printed and completed manually. To ensure that the exemption affidavit (DOR 82514) is processed for the current Tax Year, if hand-delivered, the copy of this form that has the applicant's and the Medical Authority's signatures MUST be filed along with the copy of the DOR 82514 Affidavit of Individual Tax Exemption form with the County Assessor of the county in which the applicant's property is located no later than the last business day in February. If this form and the DOR 82514 are mailed to the County Assessor, they must be postmarked on or before the last business day of February.

n and the DOR 82514 are ebruary.	e mailed to the County As	sessor, the	y must be
		Single	Married
	Date Signed:		
3, 13, 14, 17, 19.1, 25 or 2 ection 32-1601. iirs, as evidenced by a dis	29* or comparable law of sability award letter.		ate.
ial gainful activity, for pay	or profit, by reason of a		
- C (3)	d Person edical Authority" means a 13, 14, 17, 19.1, 25 or 2 ction 32-1601. irs, as evidenced by a dis steopath, naturopath), p	Date of Birth: Marital Status: Date Signed: d Person edical Authority" means any of the following: 1, 13, 14, 17, 19.1, 25 or 29* or comparable law of ction 32-1601. irs, as evidenced by a disability award letter. eteopath, naturopath), physician assistant, psychotal and permanent disability" means: ital gainful activity, for pay or profit, by reason of all	Date of Birth: Marital Status: Single Date Signed: d Person edical Authority" means any of the following: 1, 13, 14, 17, 19.1, 25 or 29* or comparable law of another statction 32-1601. irs, as evidenced by a disability award letter. steopath, naturopath), physician assistant, psychologist.

MEDICAL CERTIFICATION FOR TOTALLY AND PERMANENTLY DISABLED PERSONS

THE FOLLOWING IS TO BE COMPLETED BY THE EXAMINING MEDICAL AUTHORITY:

I hereby certify the applicant's condition as stated below:

The above-named applicant is unable to engage in any substantial gainful activity and therefore is considered to be totally and permanently disabled as defined above. YES NO

Type or Print

ype or Print		
	Medical Authority's Name	
	Business Address	
	City, State, ZIP Code	
	Phone Number	
	Medical Authority's Signature	 Date
Medical Author	ity's Office Stamp:	

COUNTY ASSESSORS

- 01. Apache County Assessor 75 W. Cleveland Street St. Johns, AZ 85936 (928) 337-7624
- 02. Cochise County Assessor 1415 W. Melody Lane, #B Bisbee, AZ 85603 (520) 432-8650
- 03. Coconino County Assessor 110 East Cherry Avenue Flagstaff, AZ 86001 (928) 679-7962
- 04. Gila County Assessor 1400 E. Ash Street Globe, AZ 85501 (928) 402-8714
- 05. Graham County Assessor 921 Thatcher Boulevard Safford, AZ 85546 (928) 428-2828
- 06. Greenlee County Assessor PO Box 777 Clifton, AZ 85533 (928) 865-5302
- 07. Maricopa County Assessor 301 West Jefferson St., Suite 330 Phoenix, AZ 85003 (602) 506-3406
- 08. Mohave County Assessor 700 W. Beale Street Kingman, AZ 86401 (928) 753-0703

- 09. Navajo County Assessor 100 Code Talkers Drive Holbrook, AZ 86025 (928) 524-4086
- 10. Pima County Assessor 240 N. Stone Avenue Tucson, AZ 85701 (520) 724-8630
- 11. Pinal County Assessor 31 N. Pinal St. #E Florence, AZ 85132 (520) 866-6361
- 12. Santa Cruz County Assessor 2150 N. Congress Drive Suite 102 Nogales, AZ 85621 (520) 375-8030
- 13. Yavapai County Assessor 1015 Fair Street Prescott, AZ 86305 (928) 771-3220
- 14. Yuma County Assessor 2550 S. 4th Avenue Yuma, AZ 85364 (928) 373-6040
- 15. La Paz County Assessor 1112 Joshua Avenue Suite #204 Parker, AZ 85344 (928) 669-6165