



Pierce County

Office of the Assessor-Treasurer

DALE WASHAM
Assessor-Treasurer

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PROOF OF DISABILITY STATEMENT

NAME OF DISABLED CLAIMANT: _____

DATE OF BIRTH: _____ PARCEL # _____

Your claim for property tax exemption under the provisions of RCW 84.36.381 -.389 as a disabled person must include this statement **completed and signed by your physician, physician's assistant, osteopath, psychologist or podiatrist** as proof of disability.

THE CLAIMANT is considered to be disabled and **unable to be gainfully employed** due to: _____

He/She has been unable to be gainfully employed due to this disability since

_____, and is expected to continue until _____
(Date) (Expected Term of Disability)

(Signature of Doctor)

PRINT NAME OF DOCTOR _____

DOCTOR'S ADDRESS _____

TELEPHONE NUMBER _____

Dated this _____ day of _____, 20____.

R.C.W. 84.36.31 (3)

The person claiming the exemption must have been sixty-one years of age or older on or before December 31st of the year in which the exemption is filed, or must have been, at the time of filing, retired from gainful employment by reason of a physical or mental disability.

W.A.C. 458-16-010

"Physical or Mental Disability" means the condition of being disabled, resulting in the inability to pursue an occupation because of physical or mental impairment. A doctor's signed statement constitutes proof of such disability and shall be required before the exemption may be granted. The statement shall indicate the expected period of term of the disability.

WE WORK FOR YOU, THE TAXPAYER.