

JEFFERSON PARISH ASSESSOR'S OFFICE
ASSESSMENT APPEAL FORM LAT 1
SINGLE-FAMILY RESIDENTIAL PROPERTY AND RESIDENTIAL RENTAL PROPERTY UP TO EIGHT UNITS

TO BE COMPLETED BY ASSESSOR'S OFFICE

WARD/PARCEL: _____ RECEIVED BY: _____
ASSESSOR'S OFFICE EMPLOYEE

DATE RECEIVED: _____

TO BE COMPLETED BY APPEALANT

SECTION 1 - INSTRUCTIONS

Before proceeding with this form, please read the following statements:

The Jefferson Parish Assessor's Office has its rolls open for public inspection for fifteen calendar days no earlier than August 1st and no later than September 15th each year (**R.S.47:1992.1**). This is the time for you to request a review of your property assessment. After the inspection period concludes, no assessment changes can be made.

If you are not the owner of this property, please attach a completed Tax Authorization Form along with the requested information below.

Please remember, you must submit sufficient documentation to the Assessor to prove that your assessment may be incorrect. Keep in mind that even though a review of your assessment may be conducted, there is no guarantee that the Assessor will agree to a reassessment of your property. If there is more than one property to be reviewed, a separate form must be completed for each property.

Attached to this form is an additional form that must also be completed and sent to the Assessor's Office along with the other required information as outlined below.

All information requested on this form **must** be provided when this form is submitted to the Assessor's office. **An incomplete appeal form will be denied.**

SECTION 2. OWNER INFORMATION

PLEASE PRINT

Owners Name: _____

Mailing Address: _____

Phone(s): _____

SECTION 3. PROPERTY YOU ARE APPEALING

Name of owner as it appears on assessment roll: _____

Address of property being appealed: _____

In support of my appeal, along with this form, I have attached the following:

Appraisal: ____ Photos: ____, Letter of Explanation: ____, Estimates of Repairs if damaged ____

Other: _____ (please specify) _____

(NOTE) – In all photos, the subject property must be clearly visible and must include the entire structure as it appears from the street. Additionally, if providing interior photos of damages, these photos must include the entire room where the damage has occurred. No Xerox photos will be accepted.

Please provide below a brief summary of why you feel that your assessment may not be correct:

Based on the information I have provided to the Jefferson Parish Assessor’s Office, I believe that the Fair Market Value of this property is \$_____.

I understand that failure to provide the information requested herein accurately and correctly invalidates this appeal.

Signature of Owner

Date

OR

Signature of Authorized Agent to Represent

Date

CONFIDENTIAL: RS 47:2327. Forms filed by a taxpayer shall be used by the assessor, the governing authority, and Louisiana Tax Commission solely for the purpose of administering this statute.

Legal Citation & Instructions: This report shall be filed with the assessor of the parish indicated within forty-five days after receipt, in accordance with RS 47:2324.

LAT 1 REAL PROPERTY TAX REPORT – RESIDENTIAL OR HOMEOWNER’S YEAR

RETURN TO: THOMAS J. CAPELLA ASSESSOR, JEFFERSON PARISH 200 Derbigny Street, Suite 1100 Gretna, LA 70053	FOR ASSESSOR’S USE ONLY WARD _____ ASSESSMENT NO. _____ Permit# _____ Item# _____ NAME/ADDRESS _____
Property Address _____	
LEGAL DESCRIPTION, IF KNOWN _____	

SECTION 1. LAND DATA (COMPLETE APPROPRIATE PART)

PART 1. LOT DATA DIMENSIONS: FRONT _____ x _____ x _____ COST IF PURCHASED AS VACANT LAND: \$ _____ DATE OF PURCHASE: _____ ZONING: _____ <input type="checkbox"/> OPEN DITCH <input type="checkbox"/> SIDEWALK, CURB, GUTTER <input type="checkbox"/> CURB, GUTTER	PART 2. ACREAGE DATA TOTAL NUMBER OF ACRES _____ CONSISTING OF: _____ CLEARED _____ TIMBER _____ MARSH _____ MISC. COST IF PURCHASED AS VACANT LAND: \$ _____ DATE OF PURCHASE: _____ BOUNDARIES: NORTH _____ SOUTH _____ EAST _____ WEST _____ “LAND USE VALUE” APPLIED FOR: <input type="checkbox"/> YES <input type="checkbox"/> NO
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SECTION 2. IMPROVEMENT DATA (IF MORE THAN ONE BUILDING – USE ADDITIONAL FORM)

LIVING AREA _____ SQ. FT. CEILING INSULATION: YES NO YR.BUILT: _____ DATE OF ACQUISITION: _____
TOTAL COST: \$ _____ BUILDING ONLY BUILDING & LAND NO. BATHS: FULL _____ HALF _____ ROUGH-INS _____
NUMBER OF BEDROOMS: _____ OTHER ROOMS: KITCHEN STUDY DEN LIVING RM. DINING RM. UTILITY OTHER
GARAGE _____ SQ. FT. FINISHED UNFINISHED ATTACHED TO HOUSE DETACHED FROM HOUSE 1 CAR 2 CAR 3 CAR
CARPORT _____ SQ. FT. 1 CAR 2 CAR 3 CARS OR MORE
PORCHES: NO. 1 SQ. FT. _____ COVERED UNCOVERED FINISHED CEILING UNFINISHED CEILING
NO. 2 SQ. FT. _____ COVERED UNCOVERED FINISHED CEILING UNFINISHED CEILING
PATIO: NO.1 SQ. FT. _____ COVERED UNCOVERED FINISHED CEILING UNFINISHED CEILING
NO. 2 SQ. FT. _____ COVERED UNCOVERED FINISHED CEILING UNFINISHED CEILING
BUILT IN APPLIANCES: OVEN RANGE DISHWASHER DISPOSAL REFRIGERATOR RANGE HOOD & FAN
 KITCHEN OR BATH EXHAUST FAN TRASH COMPACTOR MICROWAVE OVEN
AMOUNT OF INSURANCE: \$ _____ IF RENTED, WHAT IS RENT \$ _____ MONTH / YEAR
ARE THERE ANY FACTORS THAT MAY INCREASE OR DECREASE THE VALUE OF THIS PROPERTY? _____
IS THIS IMPROVEMENT A MOBILE HOME? YES NO
IF YES: MAKE _____ MODEL _____ COLOR _____ SERIAL NUMBER _____

**- PLEASE MAKE A COPY FOR YOUR RECORDS -
 ADDITIONAL LIVEABLE IMPROVEMENTS – EXPLAIN ON BACK
 (OVER)**



BUILDING DATA

TYPE	CONDITION	STORIES	QUALITY	EXTERIOR SIDING	FOUNDATION
<input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> TOWN HOUSE <input type="checkbox"/> CONDO <input type="checkbox"/> DOUBLE <input type="checkbox"/> TRIPLE <input type="checkbox"/> FOURPLEX <input type="checkbox"/> FIVEPLEX <input type="checkbox"/> TRAILER	<input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> AVERAGE <input type="checkbox"/> GOOD <input type="checkbox"/> VERY GOOD	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 ½ FINISHED <input type="checkbox"/> 1 ½ UNFINISHED <input type="checkbox"/> 2 OR OVER	<input type="checkbox"/> LOW <input type="checkbox"/> FAIR <input type="checkbox"/> AVERAGE <input type="checkbox"/> GOOD <input type="checkbox"/> VERY GOOD	<input type="checkbox"/> STUCCO <input type="checkbox"/> ASBESTOS <input type="checkbox"/> MASONRY VENEER <input type="checkbox"/> COMMON BRICK <input type="checkbox"/> FACE BRICK OR STONE <input type="checkbox"/> CONCRETE BLOCK <input type="checkbox"/> CEDAR <input type="checkbox"/> WOOD	<input type="checkbox"/> PIERS <input type="checkbox"/> CONTINUOUS <input type="checkbox"/> PIER <input type="checkbox"/> SLAB <input type="checkbox"/> _____
ROOFING	HEATING & COOLING	FLOOR COVERING	FIRE PLACES	EXTRA FEATURES	SITE DATA
<input type="checkbox"/> COMPOSITION <input type="checkbox"/> WOOD SHINGLE <input type="checkbox"/> WOOD SHAKE <input type="checkbox"/> BUILD UP TAR & GRAVEL <input type="checkbox"/> SLATE OR TILE <input type="checkbox"/> TIN <input type="checkbox"/> _____	<input type="checkbox"/> FORCED AIR – GAS/ELEC. <input type="checkbox"/> SPACE <input type="checkbox"/> FLOOR OR WALL FURNACE <input type="checkbox"/> WARM & COOLED AIR <input type="checkbox"/> HEAT PUMP <input type="checkbox"/> SOLAR <input type="checkbox"/> _____	<input type="checkbox"/> CARPET _____% <input type="checkbox"/> HARDWOOD _____% <input type="checkbox"/> VINYL ASBESTOS _____% <input type="checkbox"/> STONE _____% <input type="checkbox"/> OTHER _____%	NO. ___ 1 STORY SINGLE ___ 2 STORY SINGLE ___ 1 STORY DBL. ___ 2 STORY DBL.	<input type="checkbox"/> SWIMMING POOL <input type="checkbox"/> TENNIS COURT <input type="checkbox"/> ELEVATOR <input type="checkbox"/> GREEN HOUSE <input type="checkbox"/> LAWN SPRINKLER <input type="checkbox"/> BOAT HOUSE <input type="checkbox"/> PIER <input type="checkbox"/> BURGLAR ALARM <input type="checkbox"/> RADIO/INTERCOM <input type="checkbox"/> _____	<input type="checkbox"/> CONCRETE ST. <input type="checkbox"/> BLACK TOP ST. <input type="checkbox"/> SHELL/GRAV. <input type="checkbox"/> ELECTRICITY <input type="checkbox"/> PUBLIC WATER <input type="checkbox"/> GAS <input type="checkbox"/> PUBLIC SEWER <input type="checkbox"/> SEPTIC TANK <input type="checkbox"/> WATER WELL <input type="checkbox"/> _____

**ATTACH RECENT PHOTOGRAPH OF BUILDING
 ADDITIONAL LIVEABLE IMPROVEMENTS – EXPLAIN**

SIGNATURE AND VERIFICATION

I declare that under the penalties for filing false reports that this return has been examined by me to the best of my knowledge and belief is a true, correct and complete return. If the return is prepared by other than the taxpayer, his declaration is based on all the information relating to the matters required to be reported in the return of which he has knowledge.

 Signature of Taxpayer

 Date

Phone Number Contact: _____

