



Certified Louisiana Assessor

**THOMAS J. CAPELLA, CLA**  
**ASSESSOR, JEFFERSON PARISH**

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**VOLUNTEER FIREFIGHTER APPLICATION FOR ADDITIONAL TAX EXEMPTION**

**Pursuant to Act 179 of the 2023 Regular Legislative Session**

**TO BE FILLED OUT BY SUPERVISOR OF SAID VOLUNTEER FIREFIGHTER (Fire Chief, Chief Admin Officer, Chief of Staff or equivalent):**

\_\_\_\_\_, (Applicant/Volunteer Firefighter Name printed) for the YEAR \_\_\_\_\_ as a Volunteer

Firefighter meets the following requirements:

\_\_\_\_\_  
(Applicant/Volunteer Firefighter Property Address)

**CHECK ALL THAT APPLY**

\_\_\_\_\_ Has completed no fewer than 24 hours of firefighter continuing education within the current year. **AND**

\_\_\_\_\_ Is an active member of the Louisiana State Fireman's Association. **OR**

\_\_\_\_\_ Is on the departmental personnel roster of the Volunteer Firefighter Insurance Program.

\_\_\_\_\_  
(Supervisor Signature) (Printed Name) (Title)

\_\_\_\_\_  
(Volunteer Firefighter Signature) (Printed Name) (Title)

**Louisiana Revised Statute Title 47, Section 1703 provides a maximum penalty of \$500- and six-months imprisonment for any person who knowingly furnishes false information for the purpose of procuring any tax exemption or benefit.**

BEFORE ME, the undersigned Notary Public, duly commissioned and qualified within and for the State and Parish aforesaid,

personally came and appeared \_\_\_\_\_, (Supervisor, printed name) representing the office of

\_\_\_\_\_, (Public Entity Name printed) who declares

\_\_\_\_\_, (Volunteer Firefighter printed name) meets the aforesaid qualifications pursuant to Act 179 of the 2023 Regular Legislative Session.

SWORN TO AND SUBSCRIBED BEFORE ME, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.  
(Day) (Month) (Year)

\_\_\_\_\_  
Notary Public Printed Name Commission Number

Internal Use Only:

\_\_\_\_\_  
(Parcel Number) (Address of Property) (Deputy Assessor Name)