

LAT 1 – RESIDENTIAL OR HOMEOWNERS **20** REAL PROPERTY TAX FORM

RETURN TO: NAME/ADDRESS: (INDICATE ANY CHANGES)
 LaSalle Parish Assessor's Office
 P.O. Box 400
 Jena, LA 71342

CONFIDENTIAL RS: 47:2327. Only the Assessor, the governing authority, and Louisiana Tax Commission shall use this form filled out by the taxpayer solely for the purpose of administering this statute. Legal Citation & Instructions: This report shall be filed with the Assessor of the parish indicated by April 1st or within forty-five days after receipt, whichever is later, in accordance with RS 47:2324.

PROPERTY LOCATION: (E911/PHYSICAL ADDRESS) **WARD:** **ASSESSMENT NUMBER:**

LEGAL DESCRIPTION:

SECTION 1 – LAND DATA

PART 1 – LOT DATA	PART 2 – ACREAGE DATA
DIMENSIONS – FRONT: ___ X ___ X ___ X ___ COST IF PURCHASED AS VACANT LAND: _____ DATE OF PURCHASE: _____ ZONING: _____ <input type="checkbox"/> SIDEWALK, CURB & GUTTER <input type="checkbox"/> CURB & GUTTER <input type="checkbox"/> OPEN DITCH	TOTAL NUMBER OF ACRES: _____ CONSISTING OF: _____ CLEARED _____ TIMBER _____ MARSH _____ MISC. COST IF PURCHASED AS VACANT LAND: _____ DATE OF PURCHASE: _____ LAND USE VALUE APPLIED FOR: <input type="checkbox"/> BOUNDARIES NORTH: _____ SOUTH: _____ WEST: _____ EAST: _____

SECTION 2 – IMPROVEMENT DATA

(IF MORE THAN ONE BUILDING – MAKE COPY OF THIS FORM)

LIVING AREA: SQ. FT.	CEILING INSULATION: <input type="checkbox"/>	AGE: ___ YEARS	DATE OF ACQUISITION: _____
TOTAL COST:	<input type="checkbox"/> BUILDING ONLY <input type="checkbox"/> BUILDING & LAND	NO. OF BATHS: ___ FULL: ___ HALF: ___ ROUGH INS.	
NUMBER OF BEDROOMS:	OTHER RMS: <input type="checkbox"/> KITCHEN <input type="checkbox"/> STUDY <input type="checkbox"/> FAMILY RM. <input type="checkbox"/> LIVING RM. <input type="checkbox"/> DINING RM. <input type="checkbox"/> UTILITY <input type="checkbox"/> OTHER		
GARAGE:	SQ. FT. <input type="checkbox"/> FINISHED <input type="checkbox"/> ATTACHED TO HOUSE <input type="checkbox"/> 1 CAR <input type="checkbox"/> 2 CARS <input type="checkbox"/> 3 CARS OR MORE <input type="checkbox"/> GOLF CART BAY		
CARPORT:	SQ. FT. <input type="checkbox"/> 1 CAR <input type="checkbox"/> 2 CARS <input type="checkbox"/> 3 CARS OR MORE		
PORCH (1):	SQ. FT. <input type="checkbox"/> COVERED <input type="checkbox"/> FINISHED CEILING - PORCH (2): _____ SQ. FT. <input type="checkbox"/> COVERED <input type="checkbox"/> FINISHED CEILING		
PATIO/DECK:	SQ. FT. <input type="checkbox"/> COVERED <input type="checkbox"/> FINISHED CEILING		
BUILT-IN APPLIANCES:	<input type="checkbox"/> DROP-IN RANGE <input type="checkbox"/> DISHWASHER <input type="checkbox"/> DISPOSAL <input type="checkbox"/> REFRIGERATOR <input type="checkbox"/> RANGE HOOD <input type="checkbox"/> TRASH COMPACTOR <input type="checkbox"/> BUILT-IN MICROWAVE OVEN <input type="checkbox"/> BUILT-IN OVEN(S) <input type="checkbox"/> COOK TOP <input type="checkbox"/> KITCHEN OR BATH EXHAUST FAN(S) <input type="checkbox"/> INTERCOM		

AMOUNT OF INSURANCE ON BUILDING: **IF RENTED, WHAT IS THE RENT:**

IS THE IMPROVEMENT A MOBILE HOME? YES NO **MODEL:** **COLOR:** **SERIAL NO.:**

IF YES, MAKE: **ARE THERE ANY FACTORS THAT MAY INCREASE OR DECREASE THE VALUE OF THE PROPERTY?**

NOTE: PENALTIES FOR FAILURE TO FILE THIS FORM INCLUDE WAIVER OF RIGHTS TO APPEAL YOUR ASSESSMENT AND MAY INCLUDE A MONETARY PENALTY (RS 47:1992 & 2330) **NEED ASSISTANCE?** AFTER YOU REVIEW THE ENCLOSED TAX FORM AND YOU FEEL YOU NEED ASSISTANCE PLEASE CALL YOUR ASSESSOR LISTED ABOVE AT . THANK YOU

BUILDING DATA

TYPE	CONDITION	STORIES	QUALITY	EXPERIOR SIDING	FOUNDATION
<input type="checkbox"/> SINGLE FAMILY	<input type="checkbox"/> POOR	<input type="checkbox"/> 1 STORY	<input type="checkbox"/> LOW	<input type="checkbox"/> STUCCO	<input type="checkbox"/> PIERS
<input type="checkbox"/> TOWNHOUSE	<input type="checkbox"/> FAIR	<input type="checkbox"/> 2 STORY	<input type="checkbox"/> FAIR	<input type="checkbox"/> ASBESTOS	<input type="checkbox"/> CONTINUOUS PIER
<input type="checkbox"/> SHOT GUN	<input type="checkbox"/> AVERAGE	<input type="checkbox"/> 1 ½ STORY FINISHED	<input type="checkbox"/> AVERAGE	<input type="checkbox"/> MASONARY VENEER	<input type="checkbox"/> SLAB
<input type="checkbox"/> OUT BUILDING	<input type="checkbox"/> GOOD	<input type="checkbox"/> 1 ½ STORY UNFINISHED	<input type="checkbox"/> GOOD	<input type="checkbox"/> COMMON BRICK	<input type="checkbox"/> OTHER: _____
<input type="checkbox"/> DOUBLE	<input type="checkbox"/> VERY GOOD	<input type="checkbox"/> END ROW	<input type="checkbox"/> VERY GOOD	<input type="checkbox"/> FACE BRICK OR STONE	
<input type="checkbox"/> TRIPLES		<input type="checkbox"/> INSIDE ROW		<input type="checkbox"/> CONCRETE BLOCK	
<input type="checkbox"/> FOURPLEX		<input type="checkbox"/> BASEMENT		<input type="checkbox"/> WOOD	

ROOFING	HEATING & COOLING	FLOOR COVERING	FIREPLACES	EXTRA FEATURES	SITE DATA
<input type="checkbox"/> COMPOSITION	<input type="checkbox"/> FORCED AIR (GAS/ELECTRIC)	<input type="checkbox"/> CARPET: ____ %	<input type="checkbox"/> NO. ____	<input type="checkbox"/> SWIMMING POOL	<input type="checkbox"/> CONCRETE ST.
<input type="checkbox"/> WOOD SHINGLE	<input type="checkbox"/> SPACE HEATERS OR WALL FURNACE	<input type="checkbox"/> HARDWOOD: ____ %	<input type="checkbox"/> __ 1 STORY SINGLE	<input type="checkbox"/> TENNIS COURT	<input type="checkbox"/> BLACK TOP ST.
<input type="checkbox"/> WOOD SHAKE	<input type="checkbox"/> WARM AND COOLED AIR	<input type="checkbox"/> CERAMIC TILE: ____ %	<input type="checkbox"/> __ 2 STORY SINGLE	<input type="checkbox"/> ELVATOR	<input type="checkbox"/> SHELL/GRAVEL
<input type="checkbox"/> BUILD UP TAR AND GRAVEL	<input type="checkbox"/> HEAT PUMP	<input type="checkbox"/> VINYL: ____ %	<input type="checkbox"/> __ 1 STORE DOUBLE	<input type="checkbox"/> GREEN HOUSE	<input type="checkbox"/> ELECTRICITY
<input type="checkbox"/> SLATE OR TILE	<input type="checkbox"/> SOLAR	<input type="checkbox"/> STONE: ____ %	<input type="checkbox"/> __ 2 STORY DOUBLE	<input type="checkbox"/> LAWN SPRINKLER	<input type="checkbox"/> PUBLIC WATER
<input type="checkbox"/> TIN OR METAL	<input type="checkbox"/> OTHER: _____	<input type="checkbox"/> OTHER: _____ %	<input type="checkbox"/> OTHER: _____	<input type="checkbox"/> BOAT HOUSE	<input type="checkbox"/> GAS
<input type="checkbox"/> OTHER: _____				<input type="checkbox"/> PIER	<input type="checkbox"/> PUBLIC SEWER
				<input type="checkbox"/> SMOKE ALARM	<input type="checkbox"/> SEPTIC TANK
				<input type="checkbox"/> RADIO/INTERCOM	<input type="checkbox"/> WELL
				<input type="checkbox"/> OTHER: _____	<input type="checkbox"/> OTHER: _____

ADDITIONAL LIVEABLE IMPROVEMENTS – EXPLAIN

SIGNATURE AND VERIFICATION

I declare under the penalties for filing false reports that this return has been examined by me and 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 base on all information relating to the matters required to the reported in the return of which he has knowledge.

<i>(ATTACH RECENT PHOTOGRAPH OF BUILDING)</i>		
	SIGNATURE OF TAXPAYER	DATE
	PRINTED/TYPED NAME OF TAXPAYER	