

LAT 3 – APARTMENTS **20** REAL PROPERTY TAX FORM

RETURN TO: _____ NAME/ADDRESS: (INDICATE ANY CHANGES) _____

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

DIMENSIONS – FRONT: ___ X ___ X ___ X ___ COST IF PURCHASED AS VACANT LAND: _____
 DATE OF PURCHASE: _____ ZONING: _____ CORNER LOT INSIDE LOT (CHECK ONE)

SECTION 2 – BUILDING DATA

AGE: ___ YEARS DATE OF ACQUISITION: _____ AMOUNT OF INSURANCE: _____

QUALITY	CONDITION	STYLE	BASIC STRUCTURE	EXPERIOR SIDING	FOUNDATION
<input type="checkbox"/> LOW	<input type="checkbox"/> POOR	NO. OF STORIES	<input type="checkbox"/> STEEL FRAME	<input type="checkbox"/> STUCCO	<input type="checkbox"/> PIERS
<input type="checkbox"/> FAIR	<input type="checkbox"/> FAIR	<input type="checkbox"/> SPLIT LEVEL	<input type="checkbox"/> WOOD FRAME	<input type="checkbox"/> ASBESTOS	<input type="checkbox"/> CONTINUOUS PIER
<input type="checkbox"/> AVERAGE	<input type="checkbox"/> AVERAGE	<input type="checkbox"/> 1 ½ STORY FINISHED	<input type="checkbox"/> REINFORCE CONCRETE	<input type="checkbox"/> MASONARY VENEER	<input type="checkbox"/> SLAB
<input type="checkbox"/> GOOD	<input type="checkbox"/> GOOD		<input type="checkbox"/> OTHER:	<input type="checkbox"/> COMMON BRICK	<input type="checkbox"/> OTHER:
<input type="checkbox"/> VERY GOOD	<input type="checkbox"/> VERY GOOD			<input type="checkbox"/> FACE BRICK OR STONE	
				<input type="checkbox"/> CONCRETE BLOCK	
				<input type="checkbox"/> WOOD	

SWIMMING POOL	HEATING & COOLING	PLUMBING	FLOOR COVERING	EXTRA FEATURES
<input type="checkbox"/> HEATER	<input type="checkbox"/> FORCED AIR (GAS/ELECTRIC)	NO. OF FIXTURES:	<input type="checkbox"/> CARPET: %	<input type="checkbox"/> ELEVATOR LOAD
<input type="checkbox"/> CHLORINATOR	<input type="checkbox"/> SPACE HEATERS OR WALL FURNACE	NO. OF ROUGH-INS:	<input type="checkbox"/> HARDWOOD: %	<input type="checkbox"/> UTILITY ROOM
<input type="checkbox"/> OTHER:	<input type="checkbox"/> WARM AND COOLED AIR	TUB ENCLOSURES:	<input type="checkbox"/> CERAMIC TILE: %	<input type="checkbox"/> OUT BUILDING
	<input type="checkbox"/> HEAT PUMP		<input type="checkbox"/> VINYL: %	<input type="checkbox"/> OTHER:
	<input type="checkbox"/> SOLAR		<input type="checkbox"/> STONE: %	
	<input type="checkbox"/> OTHER:		<input type="checkbox"/> OTHER: %	

BUILT-IN APPLIANCES:

- BUILT-IN RANGE ELECTRIC OVEN
- DROP-IN RANGE ELECTRIC OVEN
- BUILT-IN RANGE GAS OVEN
- DROP-IN RANGE GAS OVEN
- MICRO-WAVE OVEN ELECTRIC
- DISPOSAL
- OTHER:

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

APARTMENTS

UNIT TYPE	RENTALS	NUMBER OF BUILDINGS	SIZE
NO. OF EFFICIENCY(S):		APARTMENT BULDINGS:	___ X
NO. OF ONE BEDROOM(S):		CLUB HOUSES:	___ X
NO. OF TWO BEDROOM(S):		LAUNDRY BLDGS:	___ X
NO. OF THREE BEDROOM(S):		SWIMMING POOLS:	___ X
NO. OF FOUR BEDROOM(S):		OTHERS:	___ X

PARKING SPACES: OPEN: COVERED: TOTAL FLOOR AREA: SQ. FT.
 INCOME: ANNUAL: MONTHLY: VACANCIES AT THIS TIME: UNITS

RENTALS INCLUDE: UTILITIES FURNITURE OTHER:

ARE THERE ANY FACTORS THAT MAY INCREASE OR DECREASE THE VALUE OF THE PROPERTY?

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.

(ATTACH RECENT PHOTOGRAPH OF BUILDING)

SIGNATURE OF TAXPAYER

DATE