

JEFFERSON PARISH ASSESSOR'S OFFICE
ASSESSMENT APPEAL FORM LAT 3
APARTMENTS

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.

Additionally, please attach to this form detailed separate income and expense statements for this property for each of the immediately preceding two (2) calendar years.

Lastly, please list the occupancy rate of this property over the last preceding two (2) years.

(1.) Year 20__ - Occupancy _____% - (2.) Year 20__ - Occupancy _____%

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 3

REAL PROPERTY TAX REPORT – APARTMENT

YEAR _____

RETURN TO: THOMAS J. CAPELLA ASSESSOR, JEFFERSON PARISH 200 Derbigny Street, Suite 1100 Gretna, LA 70053	<h3 style="color: red; margin: 0;">FOR ASSESSOR'S USE ONLY</h3>
Property Address	WARD ASSESSMENT NO. Permit# _____ Item# _____
LEGAL DESCRIPTION, IF KNOWN	Person to contact and Phone No. _____ NAME/ADDRESS _____

CHECK OR FILL IN THE APPROPRIATE SPACES – USE ATTACHMENTS IF NEEDED

SECTION 1. LAND DATA

DIMENSIONS: FRONT _____ x _____ x _____ COST IF PURCHASED AS VACANT LAND: \$ _____
 DATE OF PURCHASE: _____ ZONING _____ CHECK ONE: CORNER LOT INSIDE LOT

SECTION 2. BUILDING DATA

(ATTACH RECENT PHOTOGRAPH OF BUILDING)

YEAR BUILT: _____
 AGE: _____ DATE OF ACQUISITION: _____ COST OF CONSTRUCTION: _____ AMT. OF INSURANCE: _____

1. QUALITY <input type="checkbox"/> LOW <input type="checkbox"/> FAIR <input type="checkbox"/> AVERAGE <input type="checkbox"/> GOOD <input type="checkbox"/> VERY GOOD	2. CONDITION <input type="checkbox"/> LOW <input type="checkbox"/> FAIR <input type="checkbox"/> AVERAGE <input type="checkbox"/> GOOD <input type="checkbox"/> VERY GOOD	3. STYLE NO. OF STORIES _____ <input type="checkbox"/> SPLIT LEVEL <input type="checkbox"/> 1 ½ STORY FINISHED	4. BASIC STRUCTURE <input type="checkbox"/> STEEL FRAME <input type="checkbox"/> WOOD FRAME <input type="checkbox"/> REINFORCED CONCRETE <input type="checkbox"/> OTHER	5. EXTERIOR WALL <input type="checkbox"/> STUCCO <input type="checkbox"/> SIDING, SHINGLE OR METAL <input type="checkbox"/> BRICK VENEER <input type="checkbox"/> COMMON BRICK <input type="checkbox"/> FIRE BRICK <input type="checkbox"/> CONCRETE BLOCK
6. FOUNDATION <input type="checkbox"/> PIERS <input type="checkbox"/> CONCRETE SLAB <input type="checkbox"/> RUNNING PIERS	8. HEATING & AIR CONDITIONING <input type="checkbox"/> FLOOR FURNACE <input type="checkbox"/> PANEL WALL <input type="checkbox"/> HEAT AND A/C <input type="checkbox"/> RADIANT <input type="checkbox"/> ELECTRIC <input type="checkbox"/> CENTRAL HOT AIR <input type="checkbox"/> SPACE <input type="checkbox"/> CEILING	9. PLUMBING NO. OF FIXTURES _____ NO. OF ROUGH-INS _____ TUB ENCLOSURES _____	10. FLOOR COVERING CARPET _____ % HARDWOOD _____ % VINYL ASBESTOS _____ % FANCY STONE _____ %	
11. BUILT-IN APPLIANCES <input type="checkbox"/> BUILT IN RANGE ELECTRIC <input type="checkbox"/> DROP IN RANGE OVEN GAS <input type="checkbox"/> BUILT IN RANGE OVEN GAS <input type="checkbox"/> MICRO-WAVE OVEN ELECTRIC <input type="checkbox"/> DROP IN RANGE OVEN ELECTRIC <input type="checkbox"/> DISPOSAL			12. EXTRA FEATURES <input type="checkbox"/> ELEVATOR LOAD <input type="checkbox"/> UTILITY ROOM <input type="checkbox"/> OUT BUILDING <input type="checkbox"/> OTHER _____	

PLEASE MAKE COPY FOR YOUR RECORDS
ADDITIONAL INFORMATION ON BACK

(OVER)



13. APARTMENTS

NO. OF EFFICIENCY _____ RENTAL OF EACH _____ NO. OF APT. BUILDINGS _____ SIZE _____ x _____
NO. OF ONE BEDROOM _____ RENTAL OF EACH _____ NO. OF CLUB HOUSES _____ SIZE _____ x _____
NO. OF TWO BEDROOM _____ RENTAL OF EACH _____ NO. OF LAUNDRY BUILDINGS _____ SIZE _____ x _____
NO. OF THREE BEDROOM _____ RENTAL OF EACH _____ NO. OF SWIMMING POOLS _____ SIZE _____ x _____
NO. OF FOUR BEDROOM _____ RENTAL OF EACH _____ NO. OF OTHERS _____ SIZE _____ x _____
EXPLAIN _____ SIZE _____ x _____, EXPLAIN _____ SIZE _____ x _____
TOTAL FLOOR _____ SQUARE FEET

14. PARKING

PARKING SPACES: _____ OPEN: _____ COVERED: _____

15.

INCOME: _____ ANNUAL: _____ MONTHLY: _____ VACANCIES AT THIS TIME: _____

16.

RENTALS INCLUDE: UTILITIES FURNITURE OTHER: _____

ATTACH RECENT PHOTOGRAPH OF BUILDING

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: _____

