

LAT 1 – RESIDENTIAL OR HOMEOWNERS

2017 REAL PROPERTY TAX FORM

RETURN TO:

Carol T. Brown, CLA
 Bienville Parish Tax Assessor
 100 Courthouse Drive, Suite 1200
 Arcadia, LA 71001

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:

Contact number _____

SECTION 1 – LAND DATA

PART 1 – LOT DATA

DIMENSIONS – FRONT: ___ X ___ X ___ X ___

COST IF PURCHASED AS VACANT LAND: _____

DATE OF PURCHASE: _____ **ZONING:** _____

- SIDEWALK, CURB & GUTTER
- CURB & GUTTER
- OPEN DITCH

PART 2 – ACREAGE DATA

TOTAL NUMBER OF ACRES: _____

CONSISTING OF:

_____ CLEARED _____ TIMBER _____ MARSH _____ MISC.

COST IF PURCHASED AS VACANT LAND: _____

DATE OF PURCHASE: _____ **LAND USE VALUE APPLIED FOR:**

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:** **AGE:** _____ **YEARS** **DATE OF ACQUISITION:** _____

TOTAL COST: _____ BUILDING ONLY BUILDING & LAND **NO. OF BATHS:** _____ **FULL:** _____ **HALF:** _____ **ROUGH INS.** _____

NUMBER OF BEDROOMS: _____ **OTHER RMS:** KITCHEN STUDY FAMILY RM. LIVING RM. DINING RM. UTILITY OTHER

GARAGE: _____ **SQ. FT.** FINISHED ATTACHED TO HOUSE 1 CAR 2 CARS 3 CARS OR MORE GOLF CART BAY

CARPORIT: _____ **SQ. FT.** 1 CAR 2 CARS 3 CARS OR MORE

PORCH (1): _____ **SQ. FT.** COVERED FINISHED CEILING - PORCH (2): _____ **SQ. FT.** COVERED FINISHED CEILING

PATIO/DECK: _____ **SQ. FT.** COVERED FINISHED CEILING

BUILT-IN APPLIANCES: DROP-IN RANGE DISHWASHER DISPOSAL REFRIGERATOR RANGE HOOD TRASH COMPACTOR
 BUILT-IN MICROWAVE OVEN BUILT-IN OVEN(S) COOK TOP KITCHEN OR BATH EXHAUST FAN(S) INTERCOM

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

IS THE IMPROVEMENT A MOBILE HOME? YES NO

IF YES, MAKE: _____ **MODEL:** _____ **COLOR:** _____ **SERIAL NO.:** _____

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 <small>(GAS/ELECTRIC)</small>	<input type="checkbox"/> CARPET: ____ %	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: ____ %	__ 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: ____ %	__ 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: ____ %	__ 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: ____ %	__ 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: _____

ADDITION 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.

(ATTACH RECENT PHOTOGRAPH OF BUILDING)

SIGNATURE OF TAXPAYER

DATE