

RETURN TO:
 Carol 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:

Owner of the mobile home _____ Contact Number _____

Person Occupying the mobile home _____

Owner of the Land the Mobile is Occupied on _____

SECTION 1 – LAND DATA

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

CARPORT: 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"/> MASONRY 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: ____ % | 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