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 by April 1st or within forty-five days after receipt, whichever is later, in accordance with RS 47:2324

| LAT 3 | REAL PROPERTY | TAX REPO | RT - AP | ARTN | MENT T | AX YEAR | |
|--|---|-------------|--|------|--|---|--|
| RETURN TO: | | WA | RD: | | ASSESSME | NT NO.: | |
| | | NA | NAME/ADDRESS (Indicates any Changes) | | | | |
| LOCATION OF PI | ROPERTY | | | | | | |
| LEGAL DESCRIPTION | | | | | | | |
| SECTION 1. LAND DATA | | | | | | | |
| DIMENSIONS: FRONTxx COST IF PURCHASED AS VACANT LAND: \$ DATE OF PURCHASE: ZONIG: CHECK ONE: □ CORNER LOT □ INSIDE LOT SECTION 2. BUILDING DATA | | | | | | | |
| CHECK OR FILL IN THE APPROPRIATE SPACES – USE ATTACHMENTS IF NEEDED AGE: DATE OF ACQUISITION: COST OF CONSTRUCTION: AMT. OF INSURANCE: | | | | | | | |
| 1. QUALITY LOW FAIR AVERAGE GOOD VERY GOOD | 2. CONDITION LOW FAIR AVERAGE GOOD VERY GOOD | SPLIT L | O. OF STORIES SPLIT LEVEL 1 ½ STORY FINISHED | | IC UCTURE EEL FRAME OOD FRAME INFORCED NCRETE THER | 5. EXTERIOR WALL STUCCO SIDING, SHINGLE OR METAL BRICK VENEER COMMON BRICK FIRE BRICK CONCRETE BLOCK | |
| 6. FOUNDATION ☐ PIERS ☐ CONCRETE SLAB ☐ RUNNING PEIRS | 8. HEATING & A CONDITIONIG FLOOR FUR PANEL WA HEAT AND | RNACE LL | 9. PLUMBING NO. OF FIXTURES NO. OF ROUGH INS TUB ENCLOSURES | | NS | 10. FLOOR COVERING CARPET % HARDWOOD % VINYL ASBESTOS % FANCY STONE % | |
| 7. SWIMMING POOL HEATER CHLORINATOR | ☐ RADIANT ☐ ELECTRIC ☐ CENTRAL F ☐ SPACE ☐ CEILING | HOT AIR | 11. INTERIOR WALLS DRYWALL/ PLASTER % CONCRETE BLOCK/TILE % PANELING % INSULATION: YES NO \[\square \squar | | | | |
| 12. BUILT IN APPLIANCES BUILT IN RANGE ELECTRIC DROP IN RANGE OVEN GAS DROP IN RANGE OVEN GAS DISPOSAL 13. EXTRA FEATURES ELEVATOR LOAD SPRINKLER SYSTEM UTILITY ROOM SUSPENDED CEILING OUT BUILDING OTHER | | | | | | | |

| 14. APARTMENTS | | | | | | |
|---|---|--|--|--|--|--|
| NO. OF EFFICIENCYRENTAL OF EACH | NO. OF APT. BUILDINGSSIZEX | | | | | |
| NO. OF ONE BEDROOMRENTAL OF EACH | NO. OF CLUB HOUSESSIZEX | | | | | |
| NO. OF TWO BEDROOMRENTAL OF EACH | NO. OF LAUNDRY BUILDINGSSIZEX | | | | | |
| NO. OF THREE BEDROOMRENTAL OF EACH | NO. OF SWIMMING POOLSSIZEX | | | | | |
| NO. OF FOUR BEDROOMRENTAL OF EACH | NO. OF OTHERSSIZEX | | | | | |
| EXPLAINSIZEXEXPLAINSIZEX TOTAL FLOORSQUARE FEET | | | | | | |
| 15. PARKING PARKING SPACES: OPEN: COVERED: | | | | | | |
| INCOME: ANNUAL: MONTHLY: VACANCIES AT THIS TIME: | | | | | | |
| RENTALS INCLUDE: UTILITIES FURNITURE | OTHER: | | | | | |
| ATTACH RECENT PHOTOGRAPH OF BUILDING | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| NOTE: PENALTIES FOR FAILURE TO FILE THIS FORM INCLUD WAIVER OF RIGHTS TO APPEAL YOUR ASSESSMENT AND MAY INCLUDE A MONETARY PENALTY (RS 47:1992 & 2330) SIGNATURE AND | D FORM AND YOU FEEL YOU NEED ASSISTANCE PLEASE CALL YOUR ASSESSOR LISTED ABOVE AT . THANK YOU | | | | | |
| I declare under the penalties for filing false reports that this return has be true, correct and complete return. If the return is prepared by other than matters required to the reported in the return of which he has knowledge. | n the taxpayer, his declaration is base on all information relating to the | | | | | |
| | | | | | | |
| SIGNATURE OF TAXPAYER | DATE | | | | | |

PRINTED/TYPED NAME OF TAXPAYER