

LAT 2 – UNIMPROVED LAND

20 REAL PROPERTY TAX FORM

RETURN TO:	NAME/ADDRESS: (INDICATE ANY CHANGES)
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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 1 st or within forty-five days after receipt, whichever is later, in accordance with RS 47:2324.
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PROPERTY LOCATION: <small>(E911/PHYSICAL ADDRESS)</small>	WARD:	ASSESSMENT NUMBER:
LEGAL DESCRIPTION:		

SECTION 1 – LOT DATA

DIMENSIONS – FRONT: ___ X ___ X ___ X ___	CHECK IF: <input type="checkbox"/> CORNER LOT <input type="checkbox"/> ENTIRE BLOCK
COST IF PURCHASED AS VACANT LAND: _____	DATE OF PURCHASE: _____ ZONING: _____
ARE THERE ANY FACTORS THAT MAY INCREASE OR DECREASE THE VALUE OF THE PROPERTY?	

SECTION 2 – ACREAGE DATA

IF LARGER THAN LOT SIZE: TOTAL NUMBER OF ACRES: _____	
CONSISTING OF _____ CLEARED _____ TIMBER _____ MARSH _____ MISC.	
COST IF PURCHASED AS VACANT LAND: _____ DATE OF PURCHASE: _____	
BOUNDARIES: NORTH _____ SOUTH _____ EAST _____ WEST _____	
ARE THERE ANY FACTORS THAT MAY INCREASE OR DECREASE THE VALUE OF THE PROPERTY?	

NOTE:	IF LAND IS ELIGIBLE FOR USE VALUE ASSESSMENT AS BONA FIDE AGRICULTURAL, HORTICULTURAL, MARSH, OR TIMBERLAND. APPLICATION MUST BE MADE WITH ASSESSOR IN THE PARISH WHERE PROPERTY IS LOCATED.
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

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.

	SIGNATURE OF TAXPAYER	DATE
	PRINTED NAME OF TAXPAYER	TITLE
MAILING ADDRESS	EMAIL ADDRESS	PHONE NUMBER