

ORLEANS PARISH BOARD OF REVIEW  
ASSESSMENT APPEAL FORM BOR 1  
RESIDENTIAL PROPERTY:  
SINGLE FAMILY HOMES/TOWNHOMES/CONDOS

APPEAL NUMBER \_\_\_\_\_

Owner Name
Owner Mailing Address
City, State, Zip

ParID
Taxbill Number

APPELLANT INFORMATION (PLEASE PRINT)

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Complete mailing address: (for receipt of notices)

\_\_\_\_\_  
(No.) (Street Address)

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Tax payer of Record If Different from Appellant\*:

\_\_\_\_\_

\*Note: If the appellant is someone other than the taxpayer of record, an **Authorization Form** must be filed with the appeal.

**PROPERTY BEING APPEALED:**

\_\_\_\_\_  
(No) (Street)

**VALUE REQUESTED:** *(In your opinion, what do you think your property is worth)*

Land \_\_\_\_\_ Building/House \_\_\_\_\_ Total \_\_\_\_\_

**Note!** This is required information. ***Appeals will be not be accepted that do not specify a requested value.***

INSTRUCTIONS:

**4 copies** of this form and all additional information **must** be provided when filed with the Assessor. An incomplete appeal form or lack of copies **will result in the appeal being denied.**

If additional information is being submitted with this appeal, please indicate below:

\_\_\_\_\_ Appraisal \_\_\_\_\_ Photos \_\_\_\_\_ Letter \_\_\_\_\_ Estimate of Cost of Necessary Repairs

\_\_\_\_\_ Other (please describe)

**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.**

# LAT 1 REAL PROPERTY TAX REPORT – RESIDENTIAL OR HOMEOWNER’S YEAR

RETURN TO:	WARD	ASSESSMENT NO.
	Permit#	Item#
	NAME/ADDRESS (Indicate any Changes)	
LOCATION OF PROPERTY		
LEGAL DESCRIPTION		

## SECTION 1. LAND DATA (COMPLETE APPROPRIATE PART)

PART 1. LOT DATA	PART 2. ACREAGE DATA
DIMENSIONS: FRONT _____ x _____ x _____	TOTAL NUMBER OF ACRES _____ CONSISTING OF:
COST IF PURCHASED AS VACANT LAND: \$ _____	_____ CLEARED _____ TIMBER _____ MARSH _____ MISC.
DATE OF PURCHASE: _____ ZONING: _____	COST IF PURCHASED AS VACANT LAND: \$ _____
<input type="checkbox"/> OPEN DITCH <input type="checkbox"/> SIDEWALK, CURB, GUTTER <input type="checkbox"/> CURB, GUTTER	DATE OF PURCHASE: _____
	BOUNDARIES: NORTH _____ SOUTH _____ EAST _____ WEST _____
	"LAND USE VALUE" APPLIED FOR: <input type="checkbox"/> YES <input type="checkbox"/> NO

## SECTION 2. IMPROVEMENT DATA (Bldg/House) (IF MORE THAN ONE BUILDING – USE ADDITIONAL FORM)

\*LIVING AREA \_\_\_\_\_ SQ. FT. CEILING INSULATION:  YES  NO YR.BUILT: \_\_\_\_\_ DATE OF ACQUISITION: \_\_\_\_\_

TOTAL COST: \$ \_\_\_\_\_  BUILDING ONLY  BUILDING & LAND NO. BATHS: FULL \_\_\_\_\_ HALF \_\_\_\_\_ ROUGH-INS \_\_\_\_\_

NUMBER OF BEDROOMS: \_\_\_\_\_ OTHER ROOMS:  KITCHEN  STUDY  DEN  LIVING RM.  DINING RM.  UTILITY  OTHER

GARAGE \_\_\_\_\_ SQ. FT.  FINISHED  UNFINISHED  ATTACHED TO HOUSE  DETACHED FROM HOUSE  1 CAR  2 CAR  3 CAR

CARPORT \_\_\_\_\_ SQ. FT.  1 CAR  2 CAR  3 CARS OR MORE

PORCHES: NO. 1 SQ. FT. \_\_\_\_\_  COVERED  UNCOVERED  FINISHED CEILING  UNFINISHED CEILING  
NO. 2 SQ. FT. \_\_\_\_\_  COVERED  UNCOVERED  FINISHED CEILING  UNFINISHED CEILING

PATIO: NO.1 SQ. FT. \_\_\_\_\_  COVERED  UNCOVERED  FINISHED CEILING  UNFINISHED CEILING  
NO. 2 SQ. FT. \_\_\_\_\_  COVERED  UNCOVERED  FINISHED CEILING  UNFINISHED CEILING

BUILT IN APPLIANCES:  OVEN RANGE  DISHWASHER  DISPOSAL  REFRIGERATOR  RANGE HOOD & FAN  
 KITCHEN OR BATH EXHAUST FAN  TRASH COMPACTOR  MICROWAVE OVEN

Insured: \_\_\_Y\_\_\_N

AMOUNT OF INSURANCE: \$ \_\_\_\_\_ IF RENTED, WHAT IS RENT \$ \_\_\_\_\_ MONTH / YEAR

ARE THERE ANY FACTORS THAT MAY INCREASE OR DECREASE THE VALUE OF THIS PROPERTY? \_\_\_\_\_

IS THIS IMPROVEMENT A MOBILE HOME?  YES  NO

IF YES: MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ COLOR \_\_\_\_\_ SERIAL NUMBER \_\_\_\_\_

**- PLEASE MAKE COPY FOR YOUR RECORDS -  
ADDITIONAL LIVEABLE IMPROVEMENTS – EXPLAIN ON Next Page**

**BUILDING DATA****\*\*Must Choose one of Each Category\*\***

TYPE	CONDITION	STORIES	QUALITY	EXTERIOR SIDING	FOUNDATION
<input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> TOWN HOUSE <input type="checkbox"/> CONDO <input type="checkbox"/> DOUBLE <input type="checkbox"/> TRIPLE <input type="checkbox"/> FOURPLEX <input type="checkbox"/> FIVEPLEX <input type="checkbox"/> TRAILER	<input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> AVERAGE <input type="checkbox"/> GOOD <input type="checkbox"/> VERY GOOD	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 ½ FINISHED <input type="checkbox"/> 1 ½ UNFINISHED <input type="checkbox"/> 2 OR OVER	<input type="checkbox"/> LOW <input type="checkbox"/> FAIR <input type="checkbox"/> AVERAGE <input type="checkbox"/> GOOD <input type="checkbox"/> VERY GOOD	<input type="checkbox"/> STUCCO <input type="checkbox"/> ASBESTOS <input type="checkbox"/> MASONRY VENEER <input type="checkbox"/> COMMON BRICK <input type="checkbox"/> FACE BRICK OR STONE <input type="checkbox"/> CONCRETE BLOCK <input type="checkbox"/> CEDAR <input type="checkbox"/> WOOD	<input type="checkbox"/> PIERS <input type="checkbox"/> CONTINUOUS <input type="checkbox"/> PIER <input type="checkbox"/> SLAB <input type="checkbox"/> _____
ROOFING	HEATING & COOLING	FLOOR COVERING	FIRE PLACES	EXTRA FEATURES	SITE DATA
<input type="checkbox"/> COMPOSITION <input type="checkbox"/> WOOD SHINGLE <input type="checkbox"/> WOOD SHAKE <input type="checkbox"/> BUILD UP TAR <input type="checkbox"/> & GRAVEL <input type="checkbox"/> SLATE OR TILE <input type="checkbox"/> TIN <input type="checkbox"/> _____	<input type="checkbox"/> FORCED AIR – GAS/ELEC. <input type="checkbox"/> SPACE <input type="checkbox"/> FLOOR OR WALL FURNACE <input type="checkbox"/> WARM & COOLED AIR <input type="checkbox"/> HEAT PUMP <input type="checkbox"/> SOLAR <input type="checkbox"/> _____	<input type="checkbox"/> CARPET _____% <input type="checkbox"/> HARDWOOD _____% <input type="checkbox"/> VINYL ASBESTOS _____% <input type="checkbox"/> STONE _____% <input type="checkbox"/> OTHER _____%	NO. ___ 1 STORY SINGLE ___ 2 STORY SINGLE ___ 1 STORY DBL. ___ 2 STORY DBL.	<input type="checkbox"/> SWIMMING POOL <input type="checkbox"/> TENNIS COURT <input type="checkbox"/> ELEVATOR <input type="checkbox"/> GREEN HOUSE <input type="checkbox"/> LAWN SPRINKLER <input type="checkbox"/> BOAT HOUSE <input type="checkbox"/> PIER <input type="checkbox"/> BURGLAR ALARM <input type="checkbox"/> RADIO/INTERCOM <input type="checkbox"/> _____	<input type="checkbox"/> CONCRETE ST. <input type="checkbox"/> BLACK TOP ST. <input type="checkbox"/> SHELL/GRAV. <input type="checkbox"/> ELECTRICITY <input type="checkbox"/> PUBLIC WATER <input type="checkbox"/> GAS <input type="checkbox"/> PUBLIC SEWER <input type="checkbox"/> SEPTIC TANK <input type="checkbox"/> WATER WELL <input type="checkbox"/> _____

Please describe any additional structures if applicable:

Note--Any photos of the property should be uploaded with your support documentation. If available, interior and exterior photos.

**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.