

ORLEANS PARISH BOARD OF REVIEW
ASSESSMENT APPEAL

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, authorization Form BOR 1 **must** be filed with the appeal.

| | | |
|---|----------------------|-------------|
| <u>PROPERTY BEING APPEALED:</u> | | |
| _____ (No) | _____ (Street) | |
| <u>VALUE REQUESTED:</u> <i>(In your opinion, what do you think your property is worth)</i> | | |
| Land _____ | Building/House _____ | Total _____ |
| Note! This is required information. <u>Appeals will be not be accepted that do not specify a requested value.</u> | | |

INSTRUCTIONS:

All information requested on this form **must** be provided when the form is filed with the Assessor. An incomplete appeal form **will be 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)