

Special Assessments

Name _____

Address _____

City/State _____ Zip _____

Subdivision _____ Blk _____ Lot _____

Sec Twnshp Rng _____

Assessment # _____ Parish _____

Book/Page _____ Entry # _____

Date of Occupancy _____

Please check all that apply:

- 1. Special Assessment Freeze _____
 - *date of birth _____
 - *proof of income provided _____
- 2. Veteran's Preference _____
 - *proof of status _____
- 3. Disabled _____
 - *proof of total & Permanent disability _____

*please identify and attach copy of proof

Comments:

Signature _____ Date _____

Witness _____ Date _____