

ORLEANS PARISH BOARD OF REVIEW  
ASSESSMENT APPEAL FORM BOR 2  
VACANT LAND

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.

<p><b>PROPERTY BEING APPEALED:</b></p> <p>_____ (No.) (Street)</p> <p><b>VALUE REQUESTED:</b> <i>(In your opinion, what do you think your property is worth)</i></p> <p>Land _____ Building/House _____ Total _____</p> <p><b>Note! This is required information. <u>Appeals will be not be accepted that do not specify a requested value.</u></b></p>
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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 2

**REAL PROPERTY TAX REPORT – VACANT/UNIMPROVED LAND**

YEAR

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

**USE ATTACHMENTS IF NEEDED**

**I. LOT DATA**

DIMENSIONS: \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ CHECK:  CORNER LOT  INSIDE LOT  
DATE OF ACQUISITION: \_\_\_\_\_ COST IF PURCHASED AS VACANT LAND \$ \_\_\_\_\_  
ZONING: \_\_\_\_\_ LIST ANY ADVERSE INFLUENCES WHICH WOULD AFFECT THE VALUE OF YOUR PROPERTY \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II. ACREAGE DATA**

IF LARGER THAN LOT SIZE: NUMBER OF ACRES \_\_\_\_\_, AND FOUR BOUNDARIES \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CLEARED ACRES \_\_\_\_\_  
TIMBER ACRES \_\_\_\_\_  
MARSH ACRES \_\_\_\_\_  
MISC. ACRES \_\_\_\_\_

**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.