

ORLEANS PARISH BOARD OF REVIEW
ASSESSMENT APPEAL FORM BOR 3
MULTIFAMILY/APPARTMENTS

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>PROPERTY BEING APPEALED:</p> <p>_____ (No.) (Street)</p> <p>VALUE REQUESTED: <i>(In your opinion, what do you think your property is worth)</i></p> <p>Land _____ Building/House _____ Total _____</p> <p>Note! This is required information. <i>Appeals will be not be accepted that do not specify a requested value.</i></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 3

REAL PROPERTY TAX REPORT – APARTMENT

YEAR _____

RETURN TO:	WARD	ASSESSMENT NO.
	Person to contact and Phone No.	
	NAME/ADDRESS (Indicate any Changes)	
LOCATION OF PROPERTY		
LEGAL DESCRIPTION		

CHECK OR FILL IN THE APPROPRIATE SPACES – USE ATTACHMENTS IF NEEDED

SECTION 1. LAND DATA

DIMENSIONS: FRONT _____ x _____ x _____ COST IF PURCHASED AS VACANT LAND: \$ _____

DATE OF PURCHASE: _____ ZONING _____ CHECK ONE: CORNER LOT INSIDE LOT

SECTION 2. BUILDING DATA (Must choose one of each Category)

YEAR BUILT: _____

AGE: _____ DATE OF ACQUISITION: _____ COST OF CONSTRUCTION: _____ AMT. OF INSURANCE: _____

<p>1. QUALITY</p> <input type="checkbox"/> LOW <input type="checkbox"/> FAIR <input type="checkbox"/> AVERAGE <input type="checkbox"/> GOOD <input type="checkbox"/> VERY GOOD	<p>2. CONDITION</p> <input type="checkbox"/> LOW <input type="checkbox"/> FAIR <input type="checkbox"/> AVERAGE <input type="checkbox"/> GOOD <input type="checkbox"/> VERY GOOD	<p>3. STYLE</p> <p>NO. OF STORIES _____</p> <input type="checkbox"/> SPLIT LEVEL <input type="checkbox"/> 1 ½ STORY FINISHED	<p>4. BASIC STRUCTURE</p> <input type="checkbox"/> STEEL FRAME <input type="checkbox"/> WOOD FRAME <input type="checkbox"/> REINFORCED CONCRETE <input type="checkbox"/> OTHER	<p>5. EXTERIOR WALL</p> <input type="checkbox"/> STUCCO <input type="checkbox"/> SIDING, SHINGLE OR METAL <input type="checkbox"/> BRICK VENEER <input type="checkbox"/> COMMON BRICK <input type="checkbox"/> FIRE BRICK <input type="checkbox"/> CONCRETE BLOCK
<p>6. FOUNDATION</p> <input type="checkbox"/> PIERS <input type="checkbox"/> CONCRETE SLAB <input type="checkbox"/> RUNNING PIERS	<p>8. HEATING & AIR CONDITIONING</p> <input type="checkbox"/> FLOOR FURNACE <input type="checkbox"/> PANEL WALL <input type="checkbox"/> HEAT AND A/C <input type="checkbox"/> RADIANT <input type="checkbox"/> ELECTRIC <input type="checkbox"/> CENTRAL HOT AIR <input type="checkbox"/> SPACE <input type="checkbox"/> CEILING		<p>9. PLUMBING</p> <p>NO. OF FIXTURES _____</p> <p>NO. OF ROUGH-INS _____</p> <p>TUB ENCLOSURES _____</p>	<p>10. FLOOR COVERING</p> <p>CARPET _____ %</p> <p>HARDWOOD _____ %</p> <p>VINYL ASBESTOS _____ %</p> <p>FANCY STONE _____ %</p>
<p>7. SWIMMING POOL</p> <input type="checkbox"/> HEATER <input type="checkbox"/> CHLORINATOR	<p>11. BUILT-IN APPLIANCES</p> <input type="checkbox"/> BUILT IN RANGE ELECTRIC <input type="checkbox"/> DROP IN RANGE OVEN GAS <input type="checkbox"/> BUILT IN RANGE OVEN GAS <input type="checkbox"/> MICRO-WAVE OVEN ELECTRIC <input type="checkbox"/> DROP IN RANGE OVEN ELECTRIC <input type="checkbox"/> DISPOSAL		<p>12. EXTRA FEATURES</p> <input type="checkbox"/> ELEVATOR LOAD <input type="checkbox"/> UTILITY ROOM <input type="checkbox"/> OUT BUILDING <input type="checkbox"/> OTHER _____ _____ _____	

**PLEASE MAKE COPY FOR YOUR RECORDS
ADDITIONAL INFORMATION ON NEXT PAGE**

13. APARTMENTS ***

NO. OF EFFICIENCY _____ RENTAL OF EACH _____ NO. OF APT. BUILDINGS _____ SIZE _____ x _____
 NO. OF ONE BEDROOM _____ RENTAL OF EACH _____ NO. OF CLUB HOUSES _____ SIZE _____ x _____
 NO. OF TWO BEDROOM _____ RENTAL OF EACH _____ NO. OF LAUNDRY BUILDINGS _____ SIZE _____ x _____
 NO. OF THREE BEDROOM _____ RENTAL OF EACH _____ NO. OF SWIMMING POOLS _____ SIZE _____ x _____
 NO. OF FOUR BEDROOM _____ RENTAL OF EACH _____ NO. OF OTHERS _____ SIZE _____ x _____
 EXPLAIN _____ SIZE _____ x _____, EXPLAIN _____ SIZE _____ x _____
 TOTAL FLOOR _____ **SQUARE FEET*****

14. PARKING

PARKING SPACES: _____ OPEN: _____ COVERED: _____

15.

INCOME: _____ **ANNUAL:** _____ **MONTHLY:** _____ **VACANCIES AT THIS TIME:** _____

16.

RENTALS INCLUDE: UTILITIES FURNITURE OTHER: _____

Note--Any Photos should be uploaded with your supporting 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.