



ERROLL G. WILLIAMS
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NOLASSESSOR.COM
CITY HALL
504-754-8811
ALGIERS COURTHOUSE
504-368-7642

Hurricane IDA Damage Form

Full Name _____
First Name Last Name

Damaged Property Address:

Street Address _____

Street Address Line 2 _____

City _____ State / Province _____ Postal / Zip Code _____

Phone Number _____ **Email** _____
example@example.com

Tax Bill Number _____
Please enter your tax bill number

I am filing for:

- Myself
- My client - Please fill out a BOR Agent/Representative form.
Available by clicking the Forms tab at www.nolaassessor.com

Documentation you will be providing (Check all that apply):

- Photographs
- Contractor Estimates of Repair
- Inspection Report
- Damage Appraisal
- Copy of Insurance Claim

Amount of Damage:

- Minor
- Moderate
- Severe
- Destroyed

I declare that under the penalties for filing false reports that this form has been examined by me and to the best of my knowledge and belief is a true, correct and complete form. If the form is prepared by other than the property owner, this declaration is based on all the information relating to the matters required to be reported in the form of which they have knowledge.

Signed _____ **Date** _____