

Form 3103.A
Exhibit A

La. Tax Commission
P. O. Box 66788
Baton Rouge, LA 70896
(225)925-7830 (B.R.)
(504)568-5259 (N.O.)

Appeal To Louisiana Tax Commission
By Taxpayer or Assessor
For Real and Personal Property

Name: _____ Parish/District: _____

Address: _____ City, State, Zip: _____
Board of Review

Ward: _____ Asses./Tax Bill No.: _____ Appeal No.: _____

(Attach copy of complete appeal submitted to the Board of Review)

Address or Legal Description of Property Being Appealed Also, please identify building by place of business for convenience of appraisal. _____

I hereby appeal the decision of the Board of Review on the assessment of the above described property pursuant to L.R.S. 47:1992. I timely filed my appeal as required by law.

The original Fair Market Value by the assessor was:
Land \$ _____ *Improvement \$ _____ Total \$ _____

The proposed Fair Market Value by the taxpayer was:
Land \$ _____ *Improvement \$ _____ Total \$ _____

The revised Fair Market Value by the Board of Review was:
Land \$ _____ *Improvement \$ _____ Total \$ _____

The original assessment by the assessor was:
Land \$ _____ *Improvement \$ _____ Total \$ _____

The proposed assessment by the taxpayer was:
Land \$ _____ *Improvement \$ _____ Total \$ _____

The revised assessment by the Board of Review was:
Land \$ _____ *Improvement \$ _____ Total \$ _____

*NOTE: Report personal property on Improvement line above.

I understand that property is assessed at a percentage of fair market value, which means the price for the property which would be agreed upon between a willing and informed buyer and a willing and informed seller, under usual and ordinary circumstances, the highest price the property would bring on the open market, if exposed for sale for a reasonable time. I feel that the Fair Market Value of this real property, as of January 1, 2003, the official reappraisal valuation date on which assessments are based, was:

Land \$ _____ *Improvement \$ _____ Total \$ _____

I will call the following witness(es): _____

Presentation of my case will take approximately _____ minutes. Please notify me of the date, place and time of my appeal at the address shown below.

Appellant (Taxpayer/Taxpayer's Rep./Assessor)
Address: _____

Telephone No.: _____

Date of Appeal