

Form 3101
Exhibit A
Appeal to Board of Review
by Taxpayer
For Real and Personal Property

Name: _____ Parish/District: _____

Address: _____
Taxpayer City, State, Zip: _____

Ward: _____ Assessment/Tax Bill Number: _____

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

I hereby request the review of the assessment of the above described property pursuant to L.R.S. 47:1992. I timely filed my reports (if personal property) as required by law, and I have reviewed my assessment with my assessor.

The assessor has determined Fair Market Value of this property at:

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

I am requesting that the Fair Market Value of this property be fixed at:

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

The assessor has determined assessment of this property at:

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

I am requesting that the assessment of this property be fixed at:

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 understand that I must provide the Board of Review with evidence of fair market value to support my claim.

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 currently based, was:

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

Please notify me of the date, place and time of my appeal at the address shown below.

NOTE: If appellant disputes Board of Review's decision, appellant may appeal to La. Tax Commission by completing and submitting Appeal Form 3103.A to LTC within 10 days of postal date of BoR's written determination. For further information, call LTC at (225) 925-7830.

Appellant (Taxpayer/Taxpayer's Rep./Assessor)

Address: _____

Telephone No.: _____

Date of Appeal

Your request for review will be heard
on the _____ day of _____ 19____

at _____ M. at _____
Company, Street Address, including Room Number