

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.	Legal Citation & Instructions: This report shall be filed with the assessor of the parish indicated by April 1 st or within forty-five days after receipt, whichever is later, in accordance with RS 47:2324
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LAT 3 REAL PROPERTY TAX REPORT - APARTMENT

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

SECTION 1. LAND DATA

DIMENSIONS: FRONT ____x____x____x____ COST IF PURCHASED AS VACANT LAND: \$____
 DATE OF PURCHASE: ____ ZONIG: ____ CHECK ONE: CORNER LOT INSIDE LOT

SECTION 2. BUILDING DATA

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

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

1. QUALITY <input type="checkbox"/> LOW <input type="checkbox"/> FAIR <input type="checkbox"/> AVERAGE <input type="checkbox"/> GOOD <input type="checkbox"/> VERY GOOD	2. CONDITION <input type="checkbox"/> LOW <input type="checkbox"/> FAIR <input type="checkbox"/> AVERAGE <input type="checkbox"/> GOOD <input type="checkbox"/> VERY GOOD	3. STYLE NO. OF STORIES <input type="checkbox"/> SPLIT LEVEL <input type="checkbox"/> 1 ½ STORY FINISHED	4. BASIC STRUCTURE <input type="checkbox"/> STEEL FRAME <input type="checkbox"/> WOOD FRAME <input type="checkbox"/> REINFORCED CONCRETE <input type="checkbox"/> OTHER	5. EXTERIOR WALL <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
6. FOUNDATION <input type="checkbox"/> PIERS <input type="checkbox"/> CONCRETE SLAB <input type="checkbox"/> RUNNING PEIRS	8. HEATING & AIR CONDITIONIG <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	9. PLUMBING NO. OF FIXTURES NO. OF ROUGH INS TUB ENCLOSURES	10. FLOOR COVERING CARPET % HARDWOOD % VINYL ASBESTOS % FANCY STONE %	
7. SWIMMING POOL <input type="checkbox"/> HEATER <input type="checkbox"/> CHLORINATOR	11. INTERIOR WALLS DRYWALL/ PLASTER % CONCRETE BLOCK/TILE % PANELING % INSULATION: YES NO <input type="checkbox"/> <input type="checkbox"/>			
12. BUILT IN APPLIANCES <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 ELECTIRC <input type="checkbox"/> DROP IN RANGE OVEN ELECTRIC <input type="checkbox"/> DISPOSAL			13. EXTRA FEATURES <input type="checkbox"/> ELEVATOR LOAD <input type="checkbox"/> UTILITY ROOM <input type="checkbox"/> OUT BUILDING <input type="checkbox"/> SPRINKLER SYSTEM <input type="checkbox"/> SUSPENDED CEILING <input type="checkbox"/> OTHER	

14. 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

15. PARKING

PARKING SPACES: ____ OPEN: ____ COVERED: ____

INCOME: ____ ANNUAL: ____ MONTHLY: ____ VACANCIES AT THIS TIME: ____

RENTALS INCLUDE: UTILITIES FURNITURE OTHER: _____

ATTACH RECENT PHOTOGRAPH OF BUILDING

NOTE:	PENALTIES FOR FAILURE TO FILE THIS FORM INCLUDE WAIVER OF RIGHTS TO APPEAL YOUR ASSESSMENT AND MAY INCLUDE A MONETARY PENALTY (RS 47:1992 & 2330)	NEED ASSISTANCE? AFTER YOU REVIEW THE ENCLOSED TAX FORM AND YOU FEEL YOU NEED ASSISTANCE PLEASE CALL YOUR ASSESSOR LISTED ABOVE AT ____ . THANK YOU
SIGNATURE AND VERIFICATION		
I declare under the penalties for filing false reports that this return has been examined by me and 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 base on all information relating to the matters required to the reported in the return of which he has knowledge.		
SIGNATURE OF TAXPAYER		DATE
PRINTED/TYPED NAME OF TAXPAYER		