LAT 2 - UNI	IMPROVED LA	AND		20	REAL PROF	PERTY TAX FORM
RETURN TO:			NAME/AI	DDRESS: (INDICA	ATE ANY CHANGES)	
	_		-			
RS: 47:2327. Only the Assessor, the governing authority, and				Legal Citation & Instructions: This report shall be filed with the Assessor of the parish indicated by April 1 <sup>st</sup> or within forty-five days		
Louisiana Tax Commission shall use this form filled out by the taxpayer solely for the purpose of administering this				after receipt, whichever is later, in accordance with RS 47:2324.		
	statute.	for the pulpose of autility	istering this	arter receipt, wi	ilonever is later, in accor	dance with NO 47.2324.
PROPERTY LOCATION:				WARD:	ASSESSMENT	
(E911/PHYSICAL ADDRESS)				WAND.	NUMBER:	
LEGAL DESCRIPTION:						
İ						
SECTION 1	– LOT DATA					
	RONT: X	X X	CHECK IE-	CORNER L	OT ENTIRE BLOCK	
	ASED AS VACANT LA			URCHASE:	_	
		<del></del>	1			
ARE THERE ANY FACTORS THAT MAY INCREASE OR DECREASE THE VALUE OF THE PROPERTY?						
SECTION 2 – ACREAGE DATA						
IF LARGER THAN LOT SIZE: TOTAL NUMBER OF ACRES:						
CONSISTING OF CLEARED TIMBER MARSH MISC.						
COST IF PURCHASED AS VACANT LAND: DATE OF PURCHASE:						
BOUNDARIES: NORTH SOUTH EAST WEST						
ARE THERE ANY FACTORS THAT MAY INCREASE OR DECREASE THE VALUE OF THE PROPERTY?						
		SE VALUE ASSESSMENT A				MARSH, OR TIMBERLAND.
		DE WITH ASSESSOR IN THE FILE THIS FORM INCLUDE				W THE ENCLOSED TAX FORM
RIGHTS	TO APPEAL YOUR	ASSESSMENT AND MAY	-			ANCE PLEASE CALL YOUR
MONETA	RY PENALTY (RS 47:19	,		ASSESSOR LIST	ED ABOVE AT . TH	ANK 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.						
required to the repo	Sited in the retain of w	mich he has knowledge.	I			
			SIGNATURE O	FTAXPAYER		DATE
			PRINTED/TYPE	ED NAME OF TAXPAYER		

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