

ORLEANS PARISH BOARD OF REVIEW
ASSESSMENT APPEAL FORM BOR 2
RESIDENTIAL: VACANT LAND AND 1 - 4 UNITS

APPEAL NUMBER _____

TO BE COMPLETED BY THE ASSESSOR'S OFFICE APPELLANT INFORMATION AFFIX LABEL
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TO BE COMPLETED BY ASSESSOR'S OFFICE: ASSESSMENT DATA/LEGAL DESCRIPTION AFFIX LABEL

APPELLANT INFORMATION (PLEASE PRINT)

Name: _____

Phone: _____

Complete mailing address; {for receipt of notices}

(No.) (Street Address)

City: _____ State _____ Zip Code: _____

Tax payer of Record If Different from Appellant*:

*Note; If the appellant is someone other than the taxpayer of record, authorization Form BOR 1 must be filed with the appeal.

PROPERTY BEING APPEALED: _____ (No) (Street) Assessment requested (APPRAISED OR FAIR MARKET VALUE): Land _____ Improvements _____ Total _____

LOUISIANA TAX COMMISSION

An appeal of the decision of the Board of Review may be filed with the Louisiana Tax Commission within 10 days of the date the Board mails its decision.

INSTRUCTIONS:

All information requested on this form **must** be provided when the form is filed with the Assessor. An incomplete appeal form **will be denied**.

If appellant wishes to file additional information concerning the condition or value of the property (i.e. photos, appraisals, letters, etc.) **4 copies** of this form must be filed when this appeal form is filed with the Assessor. The Board of Review **cannot accept late information**. If additional information is being submitted with this appeal, please indicate below:

_____ Appraisal _____ Photos _____ Letter _____ Estimate of Cost of Necessary Repairs

_____ Other (please describe)

4 Copies of this form must be received by the Assessor on or before the third business day after August 15.

I. Property Data:

Describe Location (Attach Map if Available);.

_____ Address of Property
Lot Dimensions: _____ X _____ X _____
Type: _____ Single Family _____ Double/4Plex _____ Vacant Land _____

II. Building Data:

Living Area: Sq. Ft. _____ Age _____ Years. No. of Baths: Full _____ Half _____
No. of Bedrooms: _____ Other Rooms: Kitchen _____ Living Room _____ Den _____ Dining Room _____
Study _____ Utility _____ Other _____
Garage: Finished _____ Sq. Ft. Unfinished _____ Sq. Ft.
_____ Attached to House _____ Detached _____ 1 car _____ 2 car _____ 3 car _____ none
Carport: _____ Sq. ft. _____ 1 car _____ 2 car _____ 3 car _____ none

Total value of fire and extended coverage insurance on building(s) (Not cost of premium) \$ _____
Have there been any additions, renovations or repairs in the last 5 years? If so, when what type of work and at what cost? (Use attachment if necessary) _____
If rented, what is monthly gross rent? \$ _____ Are there any factors that may increase or decrease the value of the property? _____ Yes _____ No. If yes, please describe

III. Building Data:

Number of Housing Units: _____ 1 _____ 2 _____ 3 _____ 4
Units Condition: _____ Poor _____ Fair _____ Average _____ Good _____ Very Good
Stories: _____ 1 Story _____ 2 Story _____ 1 ½ Finished _____ 1 ½ Unfinished _____ Basement
Exterior Siding: _____ Stucco _____ Asbestos _____ Masonry Veneer _____ Common Brick
Concrete Block Face Brick or Stone Wood
Quality: _____ Low _____ Fair _____ Average _____ Good _____ Very Good

I understand that failure to provide the above information accurately and correctly invalidates this appeal.

Signature: _____ **Date:** _____

Signature of Assessor or Representative _____ **Date:** _____