ORLEANS PARISH BOARD OF REVIEW ASSESSMENT APPEAL FORM BOR 4 COMMERCIAL AND INDUSTRIAL PROPERTY

	PariD
	Taxbill Number
ION (PLEASE PRINT)	
Work Phone:	Mobile Phone:
(for receipt of notices)	
(Street Address)	
State	Zip Code:
erent from Appellant*:	
peal.	taxpayer of record, an <u>Authorization Form</u>
(Street)	
your opinion, What do you th	hink your property is worth)
Building/House	Total
nation. <u>Appeals will be not be</u>	accepted that do not specify a requested value.
	nust be provided when filed with the Assessor. An the appeal being denied.
eing submitted with this app	peal, please indicate below:
	peal, please indicate below: _Estimate of Cost of Necessary Repairs
	(for receipt of notices) (Street Address)

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.

LAT 4	LAI4 REAL PROPERTY TAX REPORT – COMMERCIAL AND INDUSTRIAL YEAR				
RETURN TO:		WARD	ASSESSMENT NO.		
		PERSON to contact and Phone No.			
		NAME/ADDRESS (Indicate any Changes)			
PLEASE CHANGE ANY INCORRECT IN CATEGORIES	IFORMATION & FILL IN ANY MISSING				
STREET ADDRESS OF PROPERTY		SECTION 1.	. LAND DATA		
ANNUAL INCOME: \$ AMOUNT OF INSURANCE: \$	MONTHLY INCOME: \$	COST IF PURCHASE DATE OF PURCHAS LOT DATA: COR	DNTxxxSED AS VACANT LAND: \$SE: ZONING: RNER LOT INSIDE LOT MMERCIAL INDUSTRIAL		

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

YEAR BUILT: DATE OF ACQUISITION BUILDING USE: TOTAL CONSTRUCTION COST\$ CLASS (TYPE OF CONSTRUCTION) AUTO REPAIR MEDICAL OFFICE RESTAURANT, FAMILY LOW LOW LOW LAW LOW LAW L									
CLASS (TYPE OF CONSTRUCTION) AUTO REPAIR	SECTION 2. BUILDING DATA								
AUTO REPAIR MOTEL RESTAURANT, FAMILY CONDITION QUALITY	YEAR BUILT: DATE OF ACQ	UISITION BUILDING USE:	TOTAL CC	NSTRUCTION COST <u>\$</u>					
CARPORT CARDOR	□ AUTO REPAIR □ MEDICAL OFF □ AUTO SALES/SERVICE □ MOTEL □ BANK/HMST/S&L □ MOVIE THEAT □ COCKTAIL LOUNGE □ OFFICE BUILE □ FUNERAL HOME □ OFFICE WARE □ GYM-HEALTH CLUB □ PARKING □ HOTEL □ RESTAURANT □ MANUFACTURING □ OTHER □	RESTAURANT, FAMILY RESTAURANT, FAST FOOD RETAIL STORE SERVICE STATION-FULL SERVICE STATION-SELF STATION-SELF STATION-SELF STATION-SELF STATION-SELF STATION-SELF SPERMARKET/GROCERY SPERMARKET/GROCERY WAREHOUSE	□ LOW □ FAIR □ AVERAGE □ ABOVE AVERAGE □ BELOW AVERAGE □ GOOD	□ LOW □ FAIR □ AVERAGE □ GOOD					
OUT BUILDINGS CARPORT GARAGE LOADING DOCK COMMON GROWN C	EXTRA FEATURES	BASIC STRUCTURE	FOUNDATION	EXTERIOR WALL					
U OIHER	☐ OUT BUILDINGS ☐ UTILITY ROOM ☐ CARPORT ☐ GARAGE	☐ WOOD FRAME ☐ REINFORCED CONCRETE	☐ PIERS ☐ RUNNING PIERS ☐ SLAB	☐ SIDING, SHINGLE OR METAL ☐ BRICK VENEER ☐ COMMON BRICK ☐ FACE BRICK OR STONE ☐ CONCRETE BLOCK					

PLEASE MAKE COPY FOR YOUR RECORDS ADDITIONAL INFORMATION ON NEXT PAGE

HEATING AND A/C FLOOR FURNACE PANEL WALL HEAT & A/C RADIANT ELECTRIC CENTRAL HOT AIR SPACE CEILING WINDOW UNITS	NO. OF FLOORS SQ. FOOTAGE PER FLOOR TOTAL SQ.	OOR AREAS	STYLE NO. OF STORIES SPLIT LEVEL 1 ½ STORY WALL HEIGHT	PARKING PARKING SPACES OPEN COVERED
FLOOR COVERING CARPET HARDWOOD VINYL ASBESTOS FANCY STONE CONCRETE OTHER	% % %			PLUMBING F FIXTURES F ROUGH-INS

Note--Any Photos should be uploaded with your supporting documentation. If available, interior and exterior photos.

Note—Please make sure to upload your annual income and operating expense statement.

SIGNATURE AND VERIFICATION

I, declare that under the penalties for filing false reports that this return has been examined by me 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 based on all the information relating to the matters required to be reported in the return of which he has knowledge.