

ORLEANS PARISH BOARD OF REVIEW
ASSESSMENT APPEAL FORM BOR 5
BUSINESS PERSONAL PROPERTY

APPEAL NUMBER _____

ParlD
Taxbill Number

APPELLANT INFORMATION (PLEASE PRINT):

Name: _____ Home Phone: _____

Work Phone: _____ Mobile Phone: _____

Email Address: _____

Complete mailing address (for receipt of notices):

(No.) (Street Address)

City: _____ State _____ Zip Code: _____

Taxpayer of Record If Different from Appellant*:

*Note: If the appellant is someone other than the taxpayer of record, an **Authorization Form** must be filed with the appeal.

LOCATION OF PROPERTY: _____ (No.) (Street Address)
TO BE COMPLETED BY ASSESSOR: Tax Bill Number _____

INSTRUCTIONS:

- For each property classification for which the assessment is being appealed, provide the following information on the reverse side of this form (page 2):
 - Specific classification (i.e. computers, professional library, office furniture & fixtures);
 - Year(s) of purchase;
 - For each year in which property was purchased, the acquisition cost for that year;
 - Assessor's assessment, and
 - Requested Adjusted Assessment.
- Justify the requested assessment. (The Louisiana Constitution requires that the assessment be 15% of fair market value.)

All information to be submitted must be received with this form. Form LAT 5 must have been filed timely with the Assessor to preserve the right to appeal to the Board of Review.

