

**ORLEANS PARISH BOARD OF REVIEW
ASSESSMENT APPEAL FORM BOR 4
VACANT LAND WITH NO ACCESS TO DRAINAGE OR UTILITIES**

APPEAL NUMBER _____

APPELLANT INFORMATION (PLEASE PRINT)

Name: _____ Phone: _____ Fax _____

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 (Note: Assessment is 10% of Fair Market Value):

Land _____

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.) 2 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.

TO BE COMPLETED BY ASSESSOR'S OFFICE:

Tax Bill Number _____

Assessment to be certified to the Board of Review:

Land _____

Property Location:

Square No. _____ Lot No. (s) _____ Municipal District _____

I. Property Data:

Address of Property _____

Describe Location (Attach Map if Available): _____

II. Lot Dimension (If Area is Less Than 1 Acre):

_____ X _____ X _____ X _____ X

_____ Corner Lot _____ Inside Lot

III. Acreage Data (If Area is One Acre or More):

Total Number of Acres: _____

Acreage Consisting of : _____

_____ Cleared _____ Timber _____ Marsh

IV. Date of Acquisition by Present Owner : _____

Purchase Price if Purchased \$ _____

Provide Below Information on any condition which may affect the value or condition of the property:

Is any revenue or income derived annually?

_____ Yes _____ No

If yes, how much is received annually? _____

From what use(s) is income received? _____

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

Signature: _____ Date: _____

Signature of Assessor or Representative _____ Date: _____