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.	Legal Citation & Instructions: This report shall be filed with the assessor of the parish indicated by April 1st or within forty-five days after receipt, whichever is later, in accordance with RS 47:2324.

Reset Form

LAT 1 REAL PROPERTY TAX REPORT – RESIDENTIAL OR HOMEOWNER'S YEAR

RETURN TO: R. TODD DUGAS, CLA ST. MARTIN PARISH ASSESSOR 415 ST. MARTIN STREET ST. MARTINVILLE, LA 70582	WARD	ASSESSMENT NO.

NAME/ADDRESS (INDICATE ANY CHANGES)	Street Address of Property
Owner Name: Address: City: State Zip	Legal Description

SECTION 1. LAND DATA (COMPLETE APPROPRIATE PART)

PART 1. LOT DATA

DIMENSIONS: FRONT_____x_____x_____x_____

COST IF PURCHASED AS VACANT LAND: $_____

DATE OF PURCHASE: _____ ZONING: _____

- ☐ OPEN DITCH
- ☐ SIDEWALK, CURB, GUTTER
- ☐ CURB, GUTTER

PART 2. ACREAGE DATA

TOTAL NUMBER OF ACRES _____ CONSISTING OF:

_____ CLEARED _____ TIMBER _____ MARSH _____ MISC.

COST IF PURCHASED AS VACANT LAND: $_____

DATE OF PURCHASE: _____

BOUNDARIES: NORTH _____ SOUTH _____

EAST _____ WEST _____

"LAND USE VALUE" APPLIED FOR: ☐ YES ☐ NO

SECTION 2. IMPROVEMENT DATA (IF MORE THAN ONE BUILDING – USE ADDITIONAL FORM)

LIVING AREA _____ SQ. FT CEILING INSULATION: ☐ YES ☐ NO AGE:_____YRS DATE OF ACQUISITION:_____

TOTAL COST: $_____ ☐ BUILDING ONLY ☐ BUILDING & LAND NO. BATHS: FULL_____ HALF_____ ROUGH-INS_____

NUMBER OF BEDROOMS:_____ OTHER ROOMS: ☐ KITCHEN ☐ STUDY ☐ DEN ☐ LIVING RM. ☐ DINING RM. ☐ UTILITY ☐ OTHER

GARAGE _____ SQ. FT. ☐ FINISHED ☐ UNFINISHED ☐ ATTACHED TO HOUSE ☐ DETACHED FROM HOUSE ☐ 1 CAR ☐ 2 CAR ☐ 3 CAR

CARPORT _____ SQ. FT. ☐ 1 CAR ☐ 2 CAR ☐ 3 CARS OR MORE

PORCHES: NO. 1 SQ. FT. _____ ☐ COVERED ☐ UNCOVERED ☐ FINISHED CEILING ☐ UNFINISHED CEILING

NO. 2 SQ. FT. _____ ☐ COVERED ☐ UNCOVERED ☐ FINISHED CEILING ☐ UNFINISHED CEILING

PATIO: NO.1 SQ. FT. _____ ☐ COVERED ☐ UNCOVERED ☐ FINISHED CEILING ☐ UNFINISHED CEILING

NO. 2 SQ. FT. _____ ☐ COVERED ☐ UNCOVERED ☐ FINISHED CEILING ☐ UNFINISHED CEILING

BUILT IN APPLIANCES: ☐ OVEN RANGE ☐ DISHWASHER ☐ DISPOSAL ☐ REFRIGERATOR ☐ RANGE HOOD & FAN
☐ KITCHEN OR BATH EXHAUST FAN ☐ TRASH COMPACTOR ☐ MICROWAVE OVEN

AMOUNT OF INSURANCE: $_____ IF RENTED, WHAT IS RENT $_____ MONTH / YEAR

ARE THERE ANY FACTORS THAT MAY INCREASE OR DECREASE THE VALUE OF THIS PROPERTY? _____

_____

IS THIS IMPROVEMENT A MOBILE HOME? ☐ YES ☐ NO

IF YES: MAKE_____ MODEL_____ COLOR_____ SERIAL NUMBER_____

BUILDING DATA

TYPE	CONDITION	STORIES	QUALITY	EXTERIOR SIDING	FOUNDATION
☐ SINGLE FAMILY ☐ TOWN HOUSE ☐ MOBILE HOME ☐ OUT BUILDING ☐ DOUBLE ☐ TRIPLE ☐ FOURPLEX	☐ POOR ☐ FAIR ☐ AVERAGE ☐ GOOD ☐ VERY GOOD	☐ 1 ☐ 2 ☐ 1 ½ FINISHED ☐ 1 ½ UNFINISHED ☐ END ROW ☐ INSIDE ROW ☐ BASEMENT	☐ LOW ☐ FAIR ☐ AVERAGE ☐ GOOD ☐ VERY GOOD	☐ STUCCO ☐ ASBESTOS/ALUMINUM ☐ MASONRY VENEER ☐ COMMON BRICK ☐ FACE BRICK OR STONE ☐ CONCRETE BLOCK ☐ CEDAR ☐ WOOD	☐ PIERS ☐ CONTINUOUS PIER ☐ SLAB ☐ _____

ROOFING	HEATING & COOLING	FLOOR COVERING	FIRE PLACES	EXTRA FEATURES	SITE DATA
☐ COMPOSITION ☐ WOOD SHINGLE ☐ MFG. STEEL ☐ BUILD UP TAR & GRAVEL ☐ SLATE OR TILE ☐ TIN ☐ _____	☐ FORCED AIR – WINDOW UNITS ☐ SPACE ☐ FLOOR OR WALL FURNACE ☐ CENTRAL AIR ☐ HEAT PUMP ☐ SOLAR ☐ _____	☐ CARPET _____% ☐ CERAMIC TILE / HARDWOOD _____% ¨ LINOLEUM _____% ☐ STONE_____% ☐ OTHER_____%	NO. ___1 STORY SINGLE ___2 STORY SINGLE ___1 STORY DBL. ___2 STORY DBL.	☐ SWIMMING POOL ☐ TENNIS COURT ☐ ELEVATOR ☐ GREEN HOUSE ☐ LAWN SPRINKLER ☐ BOAT HOUSE ☐ PIER ☐ SMOKE ALARM ☐ RADIO/INTERCOM ☐ _____	☐ CONCRETE ST. ☐ BLACK TOP ST. ☐ SHELL/GRAV. ☐ ELECTRICITY ☐ PUBLIC WATER ☐ GAS ☐ PUBLIC SEWER ☐ SEPTIC TANK ☐ WATER WELL ☐ _____

ATTACH RECENT PHOTOGRAPH OF BUILDING
ADDITIONAL LIVEABLE IMPROVEMENTS – EXPLAIN

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.

_____ _____
Signature of Taxpayer **Date**

_____ _____
Email Address **Phone #**