## CAMERON PARISH ASSESSOR'S OFFICE Assessor Scott Lavergne, CLA

## FIRST RESPONDER APPLICATION FOR ADDITIONAL TAX EXEMPTION \*\*\*MUST BE REAPPLIED FOR BY JULY 1ST OF EACH YEAR\*\*\*

	ed) , for the YEAR	, as	
(Applicant/First Responder Name printe	ed)	(Title of Job as describ	ped below)
who claims homestead at	, an	nd meets the following requirements	s:
(Applicar	nt/First Responder Property Address)		
CHECK ALL THAT APPLY			
Full Time employe	ee. AND		
Duties require resp	onding rapidly to an emergency. ANI	D	
Resides in the sam	e Parish as employer. <b>AND</b>		
As of this date is conficer, or other person deputized by proservices personnel <b>OR</b> Emergency response		er) <b>OR</b> Fire protection personnel <b>O</b>	
(Supervisor Signature)	(Printed Name)	(Title)	
(First Responder Signature)	(Printed Name)	(Title)	
Louisiana Revised Statute Title 47, Section			t for any person who
knowingly furnishes false information for	the purpose of procuring any tax exem	iption or benefit.	
BEFORE ME, the undersigned Notary F	Public, duly commissioned and qualifi	ed within and for the State and Pari	sh aforesaid, persona
came and appeared	•		-
	Public Entity Name printed) who declares,		
printed name) meets the aforesaid qualifica			, (r not reosponeer
SWORN TO AND SUBSCRIBED BEF	•	AY OF,	
	(Day)	(Month)	(Year)
Notary Public	Printed Name	Commission I	Number
	ED AND RETURNED TO OUR OF	FFICE NO LATER THAN JULY I	IST OF EACH YEAR
**THIS FORM MUST BE NOTORIZ	ED HIVE RETURNED TO OUR OF		
**THIS FORM MUST BE NOTORIZ	ED MID REPORTED TO OCK OF		
	- ALTERIAL TO CON OT		
**THIS FORM MUST BE NOTORIZ  Internal Use Only:	ED MID RETORIVED TO CON OT		