

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 1<sup>st</sup> or within forty-five days after receipt, whichever is later, in accordance with RS 47:2324.

**LAT 4 REAL PROPERTY TAX REPORT – COMMERCIAL AND INDUSTRIAL YEAR**

<b>RETURN TO:</b> Scott Lavergne Cameron Parish Assessor P. O. Box 1100 Cameron, LA 70631-1100	WARD	<b>ASSESSMENT NO.</b>
	<b>NAME/ADDRESS (Indicate any Changes)</b>	
<b>STREET ADDRESS OF PROPERTY</b>		
MONTHLY INCOME:	<b>SECTION 1. LAND DATA</b>	
ANNUAL INCOME:	DIMENSIONS: FRONT ___ X ___ X ___	
<b>AMOUNT OF INSURANCE:</b>	COST IF PURCHASED AS VACANT LAND: \$ ____	
	DATE OF PURCHASE: ___ ZONING ___	
	LOT DATA: <input type="checkbox"/> CORNER LOT	<input type="checkbox"/> INSIDE LOT
	LAND USE: <input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> INDUSTRIAL

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

<b>SECTION 2. BUILDING DATA</b>			
AGE OF BUILDING ___ YRS DATE OF ACQUISITION ___ COST OF BUILDING \$ ____			
<b>CLASS</b> <input type="checkbox"/> MEDICAL <input type="checkbox"/> MOTEL <input type="checkbox"/> INDUSTRY <input type="checkbox"/> SERVICE STATION <input type="checkbox"/> STORE <input type="checkbox"/> BANK <input type="checkbox"/> HOTEL <input type="checkbox"/> OFFICE <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> PARKING <input type="checkbox"/> COCKTAIL LOUNGE <input type="checkbox"/> GENERAL BUSINESS <input type="checkbox"/> OTHER ____		<b>CONDITION</b> <input type="checkbox"/> ABOVE AVERAGE <input type="checkbox"/> AVERAGE <input type="checkbox"/> BELOW AVERAGE	<b>QUALITY</b> <input type="checkbox"/> LOW <input type="checkbox"/> FAIR <input type="checkbox"/> AVERAGE <input type="checkbox"/> GOOD <input type="checkbox"/> VERY GOOD
		<b>STYLE</b> NO. OF STORIES SPLIT LEVEL 1 ½ STORY WALL HEIGHT	
<b>BASIC STRUCTURE</b> <input type="checkbox"/> STEEL FRAME <input type="checkbox"/> WOOD FRAME <input type="checkbox"/> REINFORCED CONCRETE <input type="checkbox"/> OTHER	<b>FOUNDATION</b> <input type="checkbox"/> PIERS <input type="checkbox"/> RUNNING PIERS <input type="checkbox"/> SLAB <input type="checkbox"/> OTHER	<b>EXTERIOR WALL</b> <input type="checkbox"/> STUCCO <input type="checkbox"/> SIDING, SHINGLE OR METAL <input type="checkbox"/> BRICK VENEER <input type="checkbox"/> COMMON BRICK <input type="checkbox"/> FACE BRICK OR STONE <input type="checkbox"/> CONCRETE BLOCK	<b>HEATING AND A/C</b> <input type="checkbox"/> FLOOR FURNACE <input type="checkbox"/> PANEL WALL <input type="checkbox"/> HEAT & A/C <input type="checkbox"/> RADIANT <input type="checkbox"/> ELECTRIC <input type="checkbox"/> CENTRAL HOT AIR <input type="checkbox"/> SPACE <input type="checkbox"/> CEILING <input type="checkbox"/> WINDOW UNITS

<p align="center"><b>BASEMENT</b></p> <input type="checkbox"/> CONCRETE <input type="checkbox"/> CINDER BLOCK <input type="checkbox"/> OUTSIDE BELOW <p align="center"><b>GRADE ENTRANCE</b></p> <input type="checkbox"/> UNFINISHED SQ. FT <input type="checkbox"/> FINISHED SQ. FT	<p align="center"><b>FLOOR AREAS</b></p> 1 <sup>ST</sup> FLOOR _____ SQ FT. 2 <sup>ND</sup> FLOOR _____ SQ FT. 3 <sup>RD</sup> FLOOR _____ SQ FT. TOTAL _____ SQ FT. % _____ OFFICE % _____ WAREHOUSE	<p align="center"><b>EXTRA FEATURES</b></p> <input type="checkbox"/> ELEVATORS _____ LOAD <input type="checkbox"/> OUT BUILDINGS _____ <input type="checkbox"/> UTILITY ROOM _____ <input type="checkbox"/> OTHER _____ <input type="checkbox"/> CARPORT _____ <input type="checkbox"/> GARAGE _____ <input type="checkbox"/> SPRINKLER SYSTEM <input type="checkbox"/> SUSPENDED CEILING	<p align="center"><b>PARKING</b></p> PARKING SPACES _____ OPEN _____ COVERED _____
<p align="center"><b>FLOOR COVERING</b></p> CARPET _____ % HARDWOOD _____ % VINYL ASBESTOS _____ % FANCY STONE _____ % CONCRETE _____ % OTHER _____ %	<p align="center"><b>PLUMBING</b></p> NUMBER OF FIXTURES _____ NUMBER OF ROUG-INS _____	<p align="center"><b>INTERIOR WALLS</b></p> DRYWALL/PLASTER _____ % PANELING _____ % CONCRETE BLOCK/TILE _____ % INSULATION      YES      NO <input type="checkbox"/> <input type="checkbox"/>	

**ATTACH RECENT PHOTOGRAPH OF BUILDING**

<b>NOTE:</b>	PENALTIES FOR FAILURE TO FILE THIS FORM INCLUDE WAIVER OF RIGHTS TO APPEAL YOUR ASSESSMENT AND MAY INCLUDE A MONETARY PENALTY (RS 47:1992 & 2330)	<b>NEED ASSISTANCE?</b> AFTER YOU REVIEW THE ENCLOSED TAX FORM AND YOU FEEL YOU NEED ASSISTANCE PLEASE CALL YOUR ASSESSOR LISTED ABOVE AT . THANK YOU
<b>SIGNATURE AND VERIFICATION</b>		
I declare under the penalties for filing false reports that this return has been examined by me and 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 base on all information relating to the matters required to the reported in the return of which he has knowledge.		
<b>SIGNATURE OF TAXPAYER</b>	<b>DATE</b>	
<b>PRINTED/TYPED NAME OF TAXPAYER</b>		