

Please hand deliver, mail, or fax to:  
St. James Parish Courthouse Annex  
Ms. Angele Rodrigue  
Secretary, St. James Parish Council  
Vacherie, LA 70090  
P.O. Box 176  
Fax: (225) 265-2401

Form 3101  
Exhibit A  
Appeal to Board of Review  
by Taxpayer  
**For Real and Personal Property**

Name: \_\_\_\_\_ Parish/District: \_\_\_\_\_  
**Taxpayer**

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Ward: \_\_\_\_\_ Assessment/Tax Bill Number: \_\_\_\_\_

Address or Legal Description of Property Being Appealed (**Also, please identify building by place of business for convenience of appraisal**) \_\_\_\_\_

I hereby request the review of the assessment of the above described property pursuant to L.R.S. 47:1992. I timely filed my reports (if personal property) as required by law, and I have reviewed my assessment with my assessor.

**The assessor has determined Fair Market Value of this property at:**

Land \$ \_\_\_\_\_ Improvement \$ \_\_\_\_\_ Personal Property\* \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

**I am requesting that the Fair Market Value of this property be fixed at:**

Land \$ \_\_\_\_\_ Improvement \$ \_\_\_\_\_ Personal Property\* \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

\* If you are not appealing personal property, leave this section blank.

I understand that property is assessed at a percentage of fair market value which means the price for the property which would be agreed upon between a willing and informed buyer and a willing and informed seller under usual and ordinary circumstances, the highest price the property would bring on the open market if exposed for sale for a reasonable time. I understand that I must provide the Board of Review with evidence of fair market value to support my claim.

Please notify me of the date, place and time of my appeal at the address shown below.

**NOTE: If appellant disputes Board of Review's decision, appellant may appeal to La. Tax Commission by completing and submitting Appeal Form 3103.A to LTC within 10 days of postal date of BOR's written determination. For further information, call**

\_\_\_\_\_  
Appellant (Taxpayer/Taxpayer's Rep./Assessor)

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_