



Barney M. Altazan, CLA

ASSESSOR

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CHIEF DEPUTY

PARISH OF WEST BATON ROUGE
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COURTHOUSE BLDG., ROOM 11
PORT ALLEN, LOUISIANA
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Louisiana Special Assessment Level Application (Subject to Homestead Exemption)

Application date: _____ Tax year applied: _____

Property Address: _____

Owner's Name: _____
(Last) (MI) (First)

Please check all that apply:

___ 1. Special Assessment Freeze (65 or older)
• Date of Birth _____
• Proof of income provided _____

___ 2. Veteran's Preference
• Proof of status _____

___ 3. 100% Disabled Veteran
• Proof of total disability _____

___ 4. Disabled
• Proof of total & permanent disability _____

Owner _____ Date _____

Witness _____ Date _____

Assessor's office use only:

Qualified date _____ Parcel # _____

Last Reappraisal ___/___/___

Land Value _____ Improvement Value _____