



# St. Tammany Parish Assessor's Office

Louis Fitzmorris  
Assessor

St. Tammany Parish Justice Center  
701 North Columbia Street • Covington, Louisiana 70433

## INVESTOR RATE EXEMPTION

APPLICATION FOR THE YEAR: \_\_\_\_\_ ASSESSMENT NO: \_\_\_\_\_

NAME OF COMPANY/BUSINESS ENTITY \_\_\_\_\_

PROPERTY DESCRIPTION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you a licensed Developer Contractor Builder or Other Please Circle One

License No: \_\_\_\_\_

Is it residential property? YES NO (Circle one)

Is the property owned by a legal entity? YES NO (Circle one)

Is this acreage for development of residential subdivision? YES NO (Circle one)

Subdivision Name: \_\_\_\_\_

If so, has final plat been recorded? Date \_\_\_\_\_ YES NO (Circle one)

Plat # \_\_\_\_\_

Is this lot in a residential subdivision? YES NO (Circle one)

Are there improvements under construction? YES NO (Circle one)

Are there completed improvements? Date of completion \_\_\_\_\_ YES NO (Circle one)

Is this a Spec Home? YES NO (Circle one)

Is it listed for sale? YES NO (Circle one)

Is this property leased or rented? YES NO (Circle one)

Has anyone ever resided at this location? YES NO (Circle one)

**PURSUANT TO LA RS 47:2323 D**, I hereby confirm that the legal entity listed below currently owns and no one has ever occupied the residential property (improved or unimproved) described herein. If I currently have the Investor Rate, and someone begins to occupy the property I will notify the Assessor of my intent to cancel my claim for the Investor Rate Exemption within 30 days of the change in circumstances.

### PENALTIES FOR FALSE STATEMENTS:

Any person who, either in his individual or representative capacity, knowingly makes any false statement or knowingly furnishes any false information in any affidavit or other document that he/she may present for the purpose of procuring or attempting to procure this tax exemption or benefit under the provision of this section, or who knowingly, for the purpose of securing such tax exemption, presents any affidavit or other document containing any false statement or any person aiding, assisting or abetting any such person in unlawfully and knowingly securing or attempting to secure any such tax exemption, with knowledge or such false or illegal application of such false statement, shall be guilty of a misdemeanor, punishable as hereinafter provided:

Upon conviction for a violation of any of the provisions of the subsection, the offender shall be punishable by a fine of not less than one hundred dollars nor more than five hundred dollars, or by imprisonment of not less than one month nor more than six months, or both.

NAME OF COMPANY/BUSINESS ENTITY \_\_\_\_\_

BY MANAGER OR PRESIDENT \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY/STATE/ZIP CODE \_\_\_\_\_

PHONE NUMBERS \_\_\_\_\_

E-MAIL \_\_\_\_\_

DATE \_\_\_\_\_

DEPUTY ASSESSOR \_\_\_\_\_