DATE:____

Form 3101 Exhibit A Appeal to Board of Review by Taxpayer for Real and Personal Property 2025

Appeal Mailing address: St. Tammany Parish Council P. O. Box 628 Covington, LA 70434 Tel: (985) 898-2591 council@stpgov.org

PROPERTY OWNER / REPRESENTATIVE	:
Name:	Parish/Council District of Appeal Property
Mailing Address:	City/State/Zip:
Assessment/Tax Bill Number:	Residential / Commercial (Circle One)
Address or Legal Description of Property bei of business.):	ng Appealed. (For commercial property, please also identify property by name
personal property) as required by law, <u>and I l</u> <u>Assessor's Office.</u>	described property pursuant to L.R.S. 47:1992. I timely filed my reports (in ave previously submitted a request for review of my property assessment to the
Assessed Value) (Land & Residential Propo	erty = 10 X Assessed Value) (Commercial and Movable Property = 6.67 X
The assessor has determined Fair Ma Land \$*Improve	rket Value of this property at: ment \$ Total \$ Value of this property be fixed at:
I am requesting that the Fair Market Land \$* *Improve	Value of this property be fixed at: ement \$ Total \$
	f Fair Market Value) (Commercial & Movable Property: 15% of Fair Market Value)
The assessor has determined assessed	value of this property at:
I am requesting that the assessed valu	e of this property be fixed at:
Land \$ * Improv	ement \$ Total \$
*NOTE: Report personal property on Improv	ement line above, if applicable.
property which would be agreed upon between and ordinary circumstances, the highest pr	centage of fair market value as of January 1, 2023 which means the price for the en a willing and informed buyer and a willing and informed seller under usual ice the property would bring on the open market if exposed for sale for a provide the Board of Review with evidence of fair market value to support my
NOTE: If appellant disputes Board of	Please notify me of the date, place and time of my appeal at the telephone number(s) & email address shown below.
Review's decision, appellant may	APPELLANT (TAXPAYER/REPRESENTATIVE)

NOTE: If appellant disputes Board of Review's decision, appellant may appeal to La. Tax Commission (LTC) 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 LTC at (225) 925-7830

APPELLANT (TAXPAYER/REPRESENTATIVE)

Name: ______

Mailing Address: _____

Requests for review are due to the Parish Council Office by <u>SEPTEMBER 15, 2025 AT 4:30PM</u> and will be heard in the St. Tammany Parish Council Chambers, 21490 Koop Drive (off Hwy. 59, north of I-12), Mandeville, La. between <u>September 23 and September 24, 2025</u>. <u>Appellants will be contacted and advised of hearing date & time.</u> You may submit your documents via email and/or mail to the above address with a written statement to be reviewed by the Board of Review.