Chris Guillory, CLA
Assessor of Evangeline Parish
200 Court St., Suite 103. Ville Platte, LA 70586
337-363-4310. www.evangelineassessor.com

Please deliver a signed and notarized application to the address listed above by August 1.

FIRST RESPONDER APPLICATION FOR ADDITIONAL TAX EXEMPTION

Pursuant to Act 179 of the 2023 Regular Legislative Session

TO BE FILLED OUT BY SUPERVISOR OF SAID FIRST RESPONDER (Chief of Police, Sheriff, Fire Chief, Chief Admin Officer, Chief of Staff or equivalent):

_____, (Applicant/First Responder Name printed) for the YEAR _____as

_____, (Title of Job as described below) meets the following requirements:

_____
(Applicant/First Responder Property Address)

CHECK ALL THAT APPLY

☐ Full Time employee. **AND**

☐ Duties require responding rapidly to an emergency. **AND**

☐ Resides in the same Parish as employer. **AND**

☐ As of this date is currently employed by said PUBLIC entity as a FULL TIME Peace Officer (Sheriff Deputy, Police Officer, or other person deputized by proper authority to serve as a peace officer) **OR** Fire protection personnel **OR** Certified Emergency services personnel **OR** Emergency response operator **OR** Emergency services dispatcher.

_____ _____ _____
(Supervisor Signature) (Printed Name) (Title)

_____ _____ _____
(First Responder Signature) (Printed Name) (Title)

Louisiana Revised Statute Title 47, Section 1703 provides a maximum penalty of $500 - and six-months imprisonment for any person who knowingly furnishes false information for the purpose of procuring any tax exemption or benefit.

BEFORE ME, the undersigned Notary Public, duly commissioned and qualified within and for the State and Parish aforesaid, personally came and appeared_____, (Supervisor, printed name) representing the office of _____, (Public Entity Name printed) who declares _____, (First Responder printed name) meets the aforesaid qualifications pursuant to Act 179 of the 2023 Regular Legislative Session.

SWORN TO AND SUBSCRIBED BEFORE ME, THIS _____ DAY OF _____, _____.
(Day) (Month) (Year)

_____ _____ _____
Notary Public Printed Name Commission Number

Internal Use Only:

_____ _____ _____
(Parcel Number) (Address of Property) (Deputy Assessor Name)