

BEAUREGARD PARISH ASSESSOR'S OFFICE
Assessor Brent Rutherford, CLA

FIRST RESPONDER (VOLUNTEER FIREFIGHTER) APPLICATION FOR ADDITIONAL HOMESTEAD EXEMPTION
pursuant to Act 179 of the 2023 Regular Legislative Session
(MUST BE APPLIED FOR ANNUALLY BY AUGUST 1ST)

TO BE FILLED OUT BY SUPERVISOR OF FIRST RESPONDER (VOLUNTEER FIREFIGHTER) (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) & has homestead at the following address:
_____, (Printed home address) and meets the following requirements:

CHECK ALL THAT APPLY

- ____ Volunteer Firefighter. **AND**
____ Has completed no fewer than 24 hours of firefighting continuing education. **AND**
____ Is an active member of the LA State Firemen's Assoc. **OR**
____ Is on the departmental personnel roster of the Volunteer Firefighter Insurance Program of the office of state fire marshal.

(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 Homestead Property) (Deputy Assessor Name)