

**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 1<sup>ST</sup>)**

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)

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