

# Parish of Lafayette

## Assessor's Office

Post Office Box 3225  
Lafayette, LA 70502-3225

Phone: 337-291-7080

Fax: 337-291-7085

Website: [www.lafayetteassessor.com](http://www.lafayetteassessor.com)

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LAT 7 - CELLULAR INDUSTRY  
SELF REPORTING - PERSONAL PROPERTY FORM

# 2017

IMPORTANT TAX FORMS ARE ENCLOSED



## IMPORTANT PROPERTY TAX SELF REPORTING FORMS ENCLOSED

NOTE: PENALTIES FOR FAILURE TO FILE THIS FORM INCLUDE WAIVER OF RIGHTS TO APPEAL  
YOUR ASSESSMENT AND MAY INCLUDE A MONETARY PENALTY (RS 47:1992 & 2330)

### Need Assistance?

AFTER YOU REVIEW THE ENCLOSED TAX FORMS AND YOU FEEL YOU NEED ASSISTANCE  
PLEASE CALL YOUR ASSESSOR LISTED ABOVE. THANK YOU.

**LAFAYETTE PARISH ASSESSOR**

P.O. BOX 3225  
LAFAYETTE, LA 70502-3225  
TELEPHONE 337-291-7080  
FAX 337-291-7085

**FAILURE TO  
COMPLETE AND RETURN  
THIS FORM  
WILL RESULT IN AN  
INCREASED ASSESSMENT  
OF YOUR ASSETS AND  
THEREFORE  
INCREASED TAXES.**

**LAT 7**

**LAT 7 – CELLULAR INDUSTRY**

**2017 PERSONAL PROPERTY TAX FORM**

**CONFIDENTIAL:** RS 47:2327: Only the Assessor, the governing authority, and Louisiana Tax Commission shall use this form filled out by the taxpayer solely for the purpose of administering this statute.

Legal Citation & Instructions: This report shall be filed with the assessor of the parish indicated by April 1st or within forty-five days after receipt, whichever is later, in accordance with RS 47: 2324.

RETURN TO: ASSESSOR, LAFAYETTE PARISH  
 P.O. BOX 3225  
 LAFAYETTE, LA 70502-3225  
 NAME/ADDRESS (INDICATE ANY CHANGES)

WARD \_\_\_\_\_ ASSESSMENT NO. \_\_\_\_\_  
 LOCATION ADDRESS: (INDICATE ANY CHANGES)

**LOCATION ZIP**

OWNER/CONTACT PERSON:

CONTACT'S PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL:

BUSINESS TAX ID#:

SQUARE FOOTAGES OF BUILDINGS:

TYPE OF BUSINESS:

**IMPORTANT!**

- AN ITEMIZED DEPRECIATION SCHEDULE, LISTING ASSETS (INCLUDING FULLY DEPRECIATED ITEMS AND/OR EXPENSED ITEMS) SHALL ACCOMPANY THIS REPORT.
- \* THIS FORM (LAT07) MUST BE ACCOMPANIED BY A LAT05

*SHADED AREAS FOR ASSESSOR'S USE ONLY – USE ATTACHMENTS IF NECESSARY*

**SECTION 1 – OWNER INFORMATION**

CELL TOWER OWNER:

ADDRESS:

TOWER LOCATION:

NAME AND ADDRESS(ES) OF ALL COMPANIES LEASING SPACE ON TOWER:

**SECTION 2 – TOWER AND ANTENNA**

*(GROUP BY YEAR OF ACQUISITION)*

YEAR OF ACQUISITION	ACQUISITION COST	DESCRIPTION	YEAR OF ACQUISITION	ACQUISITION COST	DESCRIPTION
			21 Years or over.		
			<b>TOTAL MARKET VALUE:</b>		
			<b>ASSESSED VALUE:</b>		

### SECTION 3 – ELECTRONICS, SOFTWARE, SWITCHING AND TRANSMISSION EQUIPMENT

*(GROUP BY YEAR OF ACQUISITION)*

YEAR OF ACQUISITION	ACQUISITION COST	DESCRIPTION	YEAR OF ACQUISITION	ACQUISITION COST	DESCRIPTION
			7 Years or over.		
				<b>TOTAL MARKET VALUE:</b>	
				<b>ASSESSED VALUE:</b>	

### SECTION 4 – LEASEHOLD IMPROVEMENTS AND MISC. PROPERTY

*(GROUP BY YEAR OF ACQUISITION)*

ITEM	YEAR OF ACQUISITION	ACQUISITION COST	AGE	TABLET NO.	COST MULT.	FAIR MARKET VALUE
						<b>TOTAL FAIR MARKET VALUE:</b>
						<b>ASSESSED VALUE:</b>

### SECTION 5 – LEASED, LOANED OR RENTED EQUIPMENT, ETC. (IF NOT SHOWN IN SECTION 1)

*(ATTACH LIST SHOWING NAME, ADDRESS, TYPE AND AGE OF PROPERTY, MONTHLY RENTAL)*

#### NOTE:

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**NEED ASSISTANCE?** AFTER YOU REVIEW THE ENCLOSED TAX FORM AND YOU FEEL YOU NEED ASSISTANCE PLEASE CALL YOUR ASSESSOR LISTED ABOVE. THANK YOU.

### SIGNATURE AND VERIFICATION

I declare under the penalties for filing false reports (R.S. 14:125; up to 500.00 fine or imprisonment for one year or both, plus additional penalties defined in Act 2330B of the 1989 Regular Session) that this return has been examined by me and to best of my knowledge and belief is a true, correct and complete return. This return must be signed by the taxpayer, authorized officer or partner and by the preparer.

SIGNATURE OF TAXPAYER \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF TAX PREPARER \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED/TYPED NAME OF TAXPAYER \_\_\_\_\_

PRINTED/TYPED NAME OF TAX PREPARER \_\_\_\_\_