

# 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)

E-mail: [personalprop@lafayetteassessor.com](mailto:personalprop@lafayetteassessor.com)

LAT 11 WATERCRAFT  
SELF REPORTING - PERSONAL PROPERTY FORM

# 2010

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.**

**LAT11**

**CONFIDENTIAL:** RS 47:2327: Forms filed by a taxpayer shall be used by assessor, the governing authority, and Louisiana Tax Commission 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:

SHADED AREA FOR ASSESSOR'S USE ONLY – USE ATTACHMENTS IF NECESSARY

**SECTION 1 - VESSELS**

VESSEL REG. NO.	NAME OF VESSEL	COST INCL. EQUIP. & ACCS.	YEAR ACQ.	YEAR BUILT	LENGTH & BREADTH	LOCATION (PARISH OR DOCKING PT.)	
						JANUARY 1	PREVIOUS YEAR
					<b>X</b>		

DAYS WORKED	HORSE-POWER	TYPE OF VESSEL	HULL MATERIAL	NO. OF SCREWS	TYPE, IF BARGE	SELF PROPELLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	EFF. AGE	COST MULT.	FAIR MARKET VALUE	ASSESSED VALUE	
											JAN.

VESSEL REG. NO.	NAME OF VESSEL	COST INCL. EQUIP. & ACCS.	YEAR ACQ.	YEAR BUILT	LENGTH & BREADTH	LOCATION (PARISH OR DOCKING PT.)	
						JANUARY 1	PREVIOUS YEAR
					<b>X</b>		

DAYS WORKED	HORSE-POWER	TYPE OF VESSEL	HULL MATERIAL	NO. OF SCREWS	TYPE, IF BARGE	SELF PROPELLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	EFF. AGE	COST MULT.	FAIR MARKET VALUE	ASSESSED VALUE	
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											JAN.

(OVER)

