## **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 E-mail: personalprop@lafayetteassessor.com

LAT 7 - CELLULAR INDUSTRY SELF REPORTING - PERSONAL PROPERTY FORM

## 2025

#### 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 ·	- CELLUL	AR INDUSTRY	2025 PERSONAL PROPERTY TAX FORM						
CONFIDEN	author use th	2327: Only the Assessor, the governing ity, and Louisiana Tax Commission shall is form filled out by the taxpayer solely 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: ASSE	SSOR, LAFAYETTE PARISH	WARD	ASSES	SMENT NO.				
_		3OX 3225	LOCATION	ADDRESS: (INDICA	E ANY CHANGES)				
	LAFA	YETTE, LA 70502-3225							
NAME/AI		NDICATE ANY CHANGES)							
			-						
			LOCATION ZIP						
			OWNER/CONTACT PERSON:						
			CONTACT'S PHONE: FAX:						
			E-MAIL: BUSINESS						
TYPE OF			TAX ID#: SQUARE FOOTAGES						
BUSINESS:			OF BUILDINGS:						
IMPORTANT		TEMIZED DEPRECIATION SCHEDULE, LIS NSED ITEMS) SHALL ACCOMPANY THIS REF		(INCLUDING FULLY D	EPRECIATED ITEMS AND/OR				
	* TH	S FORM (LAT07) MUST BE ACCOMPANIED E	BY A LAT05						
		SHADED AREAS FOR ASSESSOR'S USE (	ONLY – USE ATTA	ACHMENTS IF NECESS	IRY				
SECTI	ON 1 – OW	NER INFORMATION							
CELL TOW	ER OWNER:								
ADDRESS:									
TOWER LOCATION:									
NAME AN	D ADDRESS(ES	6) OF ALL COMPANIES LEASING SPACE ON	TOWER:						
	ON 2 – TO								
Y EAR OF ACQUISITION	ACQUISITION COST	DESCRIPTION	YEAR OF ACQUISITION	ACQUISITION COST	DESCRIPTION				
			21 Years or over.						
				TOTAL MARKET VALU	E:				
				ASSESSED VALU	E:				

EAR OF	ACQUISITION COST	DESCRIPTION		YEAR OF ACQUISITION	ACQUISITION COS	OST	T DESCRIPTION			
			7 Y	ears or over.						
					TOTAL	MARKE	VALUE:			
				ASSES			VALUE:			
	N 4 – LEASEHO	LD IMPROVEM	ENTS AND	MISC.	PROPER	ТҮ				
	R OF ACQUISITION)		-		-		T200			
	ITEM	YEAR OF ACQUISITION	ACQUISITION	ION COST	AGE	TABLET NO.	COST MULT.	FAIR MARKET VALUI		
					TOTAL FAIR	MARKE	VALUE:			
	ASSESSED VALU						VALUE:			
	N 5 – LEASED, LO	ANED OR RENTE		IT, ETC.	(IF NOT SH			ON 1)		
ACH LIST SI	HOWING NAME, ADDRESS, TYP	E AND AGE OF PROPERTY, I	IONTHLY RENTAL)							
	PENALTIES FOR FAILURE TO FILE THIS FORM INCLUDE WAIVER RIGHTS TO APPEAL YOUR ASSESSMENT AND MAY INCLUDE A MONETARY PENALTY (RS 47:1992 & 2330)				<ul> <li>NEED ASSISTANCE? AFTER YOU REVIEW THE ENCLOSED TAX F AND YOU FEEL YOU NEED ASSISTANCE PLEASE CALL YOUR ASSESSOR LISTED ABOVE. THANK YOU.</li> </ul>					

SIGNATURE OF TAXPAYER

DATE

SIGNATURE OF TAX PREPARER

PRINTED/TYPED NAME OF TAX PREPARER

DATE

PRINTED/TYPED NAME OF TAXPAYER

LAT 7