



**Justin A. Centanni
Lafayette Parish Assessor**

213 W. Vermilion St.
Lafayette, LA 70501-6847
(337) 291-7080

www.lafayetteassessor.com

Please mail or deliver a signed and notarized application to the address listed above.

**VOLUNTEER FIREFIGHTER APPLICATION FOR ADDITIONAL TAX EXEMPTION
Pursuant to Act 179 of the 2023 Regular Legislative Session**

TO BE FILLED OUT BY SUPERVISOR OF SAID VOLUNTEER FIREFIGHTER (Fire Chief, Chief Admin Officer, Chief of Staff or equivalent):

_____, (Applicant/Volunteer Firefighter Name printed) for the YEAR _____ as a Volunteer

Firefighter meets the following requirements:

(Applicant/Volunteer Firefighter Physical Address of Property)

(Email Address & Phone Number)

CHECK ALL THAT APPLY (La. Const. art. VII, § 21 (O))

Has completed no fewer than 24 hours of firefighter continuing education within the current year. **AND**

Is an active member of the Louisiana State Fireman’s Association. **OR**

Is on the departmental personnel roster of the Volunteer Firefighter Insurance Program.

(Supervisor Signature)

(Printed Name)

(Title)

(Volunteer Firefighter 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

_____, (Volunteer Firefighter 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 Property)

(Deputy Assessor Name)