



Certified Louisiana Assessor

THOMAS J. CAPELLA, CLA

ASSESSOR, JEFFERSON PARISH

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

FIRST RESPONDER APPLICATION FOR ADDITIONAL TAX EXEMPTION

Pursuant to Act 179 of the 2023 Regular Legislative Session

To qualify for current tax year, the form MUST be submitted by September 1, 2026

TO BE FILLED OUT BY SUPERVISOR OF SAID FIRST RESPONDER (Chief of Police, Sheriff, Fire Chief, Chief Admin Officer, Chief of Staff or equivalent):

_____, (Applicant/First Responder Name printed) for the YEAR 2026 as

_____, (Title of Job as described below) meets the following requirements:

(Applicant/First Responder Property Address with active Homestead Exemption)

CHECK ALL THAT APPLY

Full Time employee. **AND**

Duties require responding rapidly to an emergency. **AND**

Resides in the same Parish as employer. **AND**

As of this date is currently employed by said PUBLIC entity as a FULL TIME Peace Officer (Sheriff Deputy, Police Officer, or other person deputized by proper authority to serve as a peace officer) **OR** Fire protection personnel **OR** Certified Emergency services personnel **OR** Emergency response operator **OR** Emergency services dispatcher.

(Supervisor Signature)

(Printed Name)

(Title)

(Phone)

(First Responder Signature)

(Printed Name)

(Title)

(Phone)

Louisiana Revised Statute Title 47, Sec 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 Property)

(Deputy Assessor Name)