

**BEAUREGARD PARISH ASSESSOR'S OFFICE**  
**Assessor Brent Rutherford, CLA**

**FIRST RESPONDER APPLICATION FOR ADDITIONAL HOMESTEAD EXEMPTION**

pursuant to Act 179 of the 2023 Regular Legislative Session

**(MUST BE APPLIED FOR ANNUALLY BY AUGUST 1<sup>ST</sup>)**

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

\_\_\_\_\_, (Applicant/First Responder Name printed) for the YEAR \_\_\_\_\_ as

\_\_\_\_\_, (Title of Job as described below) & has homestead at the following address:

\_\_\_\_\_, (Printed home address) and meets the following requirements:

**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/P.O.S.T. Certified) **OR** Fire protection personnel **OR** Certified Emergency services personnel **OR** Emergency response operator **OR** Emergency services dispatcher.

\_\_\_\_\_  
(Supervisor Signature)                      (Printed Name)                      (Title)

\_\_\_\_\_  
(First Responder 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 \_\_\_\_\_, (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 Homestead Property)                      (Deputy Assessor Name)

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