



LINCOLN PARISH ASSESSOR  
**BILLY MAC McBRIDE, C.L.A.**

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**AFFIDAVIT OF PERSONAL PROPERTY STATUS**

Date: \_\_\_\_\_

I am  Owner,  Manager,  Authorized Agent

Personal Property Assessment Number: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Please check one below:

This business was closed by owners on : \_\_\_\_\_

This business was sold by owners on : \_\_\_\_\_

Sold to: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

I am certifying to the Lincoln Parish Assessor that the above information is true and understand and acknowledge any misrepresentation is punishable under the penalty of perjury.

\_\_\_\_\_  
**TAXPAYER SIGNATURE**

ASSESSORS OFFICE USE ONLY:

Received in Assessors Office: \_\_\_\_\_

Received By: \_\_\_\_\_

Please return this form in office or email to [assessor@lpassessor.org](mailto:assessor@lpassessor.org)