**FIRST RESPONDER APPLICATION FOR ADDITIONAL HOMESTEAD EXEMPTION**

pursuant to Act 179 of the 2023 Regular Legislative Session

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

 For the YEAR as
 (Applicant/First Responder Name printed) ( Title of Job as described below)

Who claims homestead at and meets the following requirements:

 (Applicant/First Responder Property Address)

**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)

(First Responder Signature) (Printed Name) (Title)

**Louisiana Revised Statute Title 47, Section 1703 provides a maximum penalty of $500 and six months of 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

***\*\*THIS FORM MUST BE NOTORIZED AND RETURNED TO OUR OFFICE NO LATER THAN JULY 1ST OF EACH YEAR\*\*.***

**Internal Use Only:**

 (RPID #) (Property Address) (Deputy Assessor Name)