**VOLUNTEER FIREFIGHTER APPLICATION FOR ADDITIONAL TAX EXEMPTION**

pursuant to Act 179 of the 2023 Regular Legislative Session

**TO BE FILLED OUT BY SUPERVISOR OF VOLUNTEER FIREFIGHTER (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**

Volunteer Firefighter. **AND**

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)

(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:**

(Parcel Number) (Property Address) (Deputy Assessor Name)