



**James J. Petitjean, CLA  
Assessor of Acadia Parish**

500 Court Circle, Rm. 213 . Crowley, LA 70526  
337-788-8871 . [www.acadiaassessor.org](http://www.acadiaassessor.org)

Please 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 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 \_\_\_\_\_ as

\_\_\_\_\_, (Title of Job as described below) 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 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)