



**FIRST RESPONDER APPLICATION FOR  
ADDITIONAL TAX EXEMPTION**

PURSUANT TO ARTICLE 7, SECTION 21 (O), LA CONSTITUTION OF 1974

SECTION 1: TO BE COMPLETED BY EMPLOYER

I, \_\_\_\_\_, representing \_\_\_\_\_,  
(EMPLOYER REPRESENTATIVE) (NAME OF PUBLIC AGENCY) do hereby attest that  
\_\_\_\_\_ meets the following requirements:

CHECK ALL THAT APPLY:

\_\_\_\_\_ Is a full-time public employee, AND  
\_\_\_\_\_ the employee's duties include responding rapidly to an emergency, AND \_\_\_\_\_  
resides in the same parish in which their employer is located.

The above-named person meets at least one of the following requirements:

- \_\_\_\_\_ Is a Peace Officer, which means any sheriff, police officer or other person deputized by proper authority to serve as a peace officer; OR
- \_\_\_\_\_ Fire protection personnel: OR
- \_\_\_\_\_ An individual certified as emergency medical services personnel; OR
- \_\_\_\_\_ An emergency response operator or emergency services dispatcher who provides communication support services for an agency by responding to requests for assistance in emergencies.

I hereby certify that the above information is true and correct.

\_\_\_\_\_  
(EMPLOYER SIGNATURE) (PRINTED NAME)

\_\_\_\_\_  
(TITLE) (DATE)



# Tangipahoa

PARISH ASSESSOR

SECTION 2: TO BE COMPLETED BY APPLICANT

I HAVE READ THE ABOVE INFORMATION AND I HEREBY CERTIFY AND AFFIRM THAT THE INFORMATION REGARDING MY PERSONAL QUALIFICATION IS TRUE AND CORRECT. I UNDERSTAND THAT IT IS A CRIMINAL OFFENSE TO MAKE FALSE STATEMENTS FOR THE PURPOSE OF SECURING AN ADDITIONAL HOMESTEAD EXEMPTION AS PER LOUISIANA REVISED STATUTES 14:71.4 AND LOUISIANA REVISED STATUTE 47:1703 C.

I hereby certify that I meet the aforesaid qualifications pursuant to Article 7, Section 21 (O) of the Constitution of the State of Louisiana. I also understand that the requested homestead exemption is valid only for the **2025** tax year, and I must reapply for each subsequent tax year in which I may be eligible.

\_\_\_\_\_  
(FIRST RESPONDER SIGNATURE)

\_\_\_\_\_  
(PRINTED NAME)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(PROPERTY PHYSICAL ADDRESS)

Submit completed forms with employment verification letter to:

**Tangipahoa Parish Assessor's Office**

110 North Bay Street  
Amite, LA 70422  
985-748-7176

15475 Club Deluxe Road  
Hammond, LA 70403  
985-345-6226

ASSESSOR'S OFFICE USE ONLY:

Parcel Number #: \_\_\_\_\_

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

Application Taken by: \_\_\_\_\_ (DEPUTY INITIALS)