



BELINDA HAZEL
PLAQUEMINES PARISH ASSESSOR

RESIDENTIAL DISASTER REDUCTION APPLICATION

Property Info:

Assmt No.		Owner Name and Phone Number:	
Property Address:		Email:	
Subdivision or Location:		Type of Structure: <input type="radio"/> Primary Residence <input type="radio"/> Camp <input type="radio"/> Second Home	
Sq Ft:	# of Bedrooms:	# of Bathrooms:	Additional features:
Type of Damage: <input type="radio"/> Wind <input type="radio"/> Flood <input type="radio"/> Fire <input type="radio"/> Other: _____		Estimated Cost to Repair and Source: (Please attach supporting document)	

Description of Damage:

Please acknowledge the information below by initialing:

_____ Completion of this form does not guarantee a reduction of value on your structure.
There will be instances where the damage will not warrant a reduction.

_____ Regardless of receipt of a tax notice, taxes are always due by December 31st.