

Special Assessment Level Application (Freeze): Senior Citizens, Disabled, & Disabled Veterans

TC-65 (2006)

Name: _____

Address: _____

City/State _____ Zip: _____

Subdivision: _____ Blk _____ Lot _____

Sec Twp Rg _____

Assessment # _____ Parish: Webster

Book/Page _____ Entry# _____

Date of Occupancy _____

Please check all that apply:

1. Special Assessment Freeze _____

*date of birth _____

*proof of income provided _____

2. Veteran's Preference _____

*proof of status _____

3. Disabled _____

*proof of total & permanent disability _____

*please identify and attach copy of proof

Comments:

Signature _____ Date: __/__/20__

Witness _____ Date: __/__/20__

For more information visit: [HTTP://www.latax.state.la.us](http://www.latax.state.la.us)