



PRIMARY ASSESSMENT CONTACT DESIGNATION
(Multiple Taxpayers)

DATE: _____

To honor your assessment primary contact designation, we require the following:

- Parcel number on which primary contact is to be assigned.
- Copy of Driver's License or Picture ID.

Please provide the following information:

PARCEL #: _____

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ **ZIP:** _____

PHONE #: _____

email: _____

SIGNATURE: _____

By submitting this form, I understand that I will receive 100% of the tax bill and any correspondence relating to this assessment.

Please return by email to: info@acadiaassessor.org

or by mail to: Acadia Parish Assessor
P. O. Box 1329
Crowley, LA 70527