



TOWN OF SHAFTSBURY

MUNICIPAL OFFICES AT COLE HALL

ASSESSORS OFFICE
assessors@shaftsburyvt.gov

PO BOX 409
61 BUCK HILL ROAD
SHAFTSBURY, VT
05262-0409
PHONE: (802) 442-4038 - EXT 4
FAX: (802) 442-0955

www.shaftsburyvt.gov

APPLICATION FOR GRIEVANCE

The Assessors have developed this application to assist you in preparing for your grievance hearing. Please use one application for each property you are appealing. We will contact you to schedule your hearing upon receipt. Return completed forms to our office or by mail (see above). Hearings will be on:

Date: Monday, June 17th, 2024

Time: 9:00 am until 3:00 pm

Please Note: Applicant must be the owner of record on April 1st, 2024 but may assign a new owner or other agents as their representative below.

Owner(s) Name: _____
Last First M.I.

Mailing Address: _____

Phone number: _____ Email: _____ Parcel ID# _____

Property Location: _____

(What would you list the property for if placed on the market today)

Current Assessment: \$ _____ Your Opinion of Fair Market Value \$ _____

Basis for Appeal

Please provide a brief statement explaining why you feel your assessment is incorrect. If you are relying on sales data, please list the sales that support your proposed value for the property. If you need additional space and/or are submitting supporting documents, please attach those sheets to this form and initial each page. More space is provided below if needed.

Signature

Signature of Owner as of April 1 (Required) _____

Name of Owner's Representative (If applicable) _____ Date: _____

Representative Contact Information _____ Date: _____
