

## Town of Shaftsbury

## Municipal Offices at Cole Hall

assessors@shaftsburyvt.gov 802-442-4038 - ext: 103 PO Box 409 61 Buck Hill Road Shaftsbury, VT 05262-0409 (802) 442-4038

## Assessors Office

## APPLICATION FOR GRIEVANCE

The Assessors have developed this application to assist you in preparing for your grievance hearing. Please use <u>one</u> <u>application for each property you are appealing</u>. 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: Tuesday, May 13<sup>th</sup>, 2025 Time: 9:00 am until 3:00 pm

Please Note: Applicant must be the owner of record on April 1st. 2025 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 yo	ou list the property for if placed on the market today)		
Current Assessment:	\$	Your Opinion of Fa	Your Opinion of Fair Market Value \$		
• • •	heets to this form and initial each pa	•	I space and/or are submitting supporting documents, ded below if needed.		
		Signature			
Signature of Owner as	of April 1 (Required)		Date:		
Name of Owner's Repr	esentative (If applicable)				
Representative Contac	t Information				

Basis for Appeal (continued)						