

SHAFTSBURY  
Assessors Office  
PO Box 409  
SHAFTSBURY, VT 05262  
(802) 442-4038 OPT. 4  
Listers@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 begin on (date: \_\_\_\_\_ time: \_\_\_\_\_ regarding: \_\_\_\_\_).

Please Note: Applicant must be owner of record on April 1<sup>st</sup> but may assign new owner or other agent as their representative below.

### Applicant Information

Owner(s) Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Mailing Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
\_\_\_\_\_  
City State ZIP Code

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Property Location: \_\_\_\_\_ Parcel ID: \_\_\_\_\_

Current Assessment: \$ \_\_\_\_\_ Your Opinion of Fair Market Value: \$ \_\_\_\_\_  
(What would you list the property for if placing on the market today)

### 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 which support your proposed value for the property. If you need additional space and/or are submitting supporting documents, please attached those sheets to this form and initial each page. More space provided on back if needed.

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### Signature

Signature of Owner as of April 1 (Required) \_\_\_\_\_

Name of Owner's Representative (If applicable): \_\_\_\_\_

Date: \_\_\_\_\_

Representative Contact Information: \_\_\_\_\_

Date: \_\_\_\_\_

**Basis for Appeal (continued)**

*Please initial each page*

Lined area for text entry.