TOWN OF ALBURGH, VERMONT

BOARD OF LISTERS, 1 North Main Street, Alburgh, Vt. 05440

802-796-4061

APPLICATION FOR GRIEVANCE

Please return to the Listers office prior to the first day of grievances. This form may be faxed to 802-796-3939, emailed to townofalburgh@fairpoint.net or dropped off at the Municipal office at 1 North Main Street.

The Listers have developed this application to assist you in your preparation for grievance day hearings.

Please use one application for EACH property you are appealing.

APPLICATION MUST BE RECEIVED PRIOR TO THE FIRST DAY OF GRIEVANCE HEARINGS.

Name
Mailing Address
City/State/Zip
Phone [Daytime] and /or email
Property
Location
Current Assessment \$
Your Opinion of Fair Market Value \$
BASIS FOR APPEAL: Please provide a brief statement of why you feel your assessment is incorrect. If you are relying on sales data, please list the sales, which support you proposed value for the property. If you feel you are disproportionately assessed, please list those neighboring properties, which you are using for comparison. If the concern is Homestead or Housesite please include any applicable data [such as VT #HS-131, Homestead Declaration]- ie. Proportion of property used for commercial or business purposes.
Over

Signature of Taxpayer: (REQUIRED)
Taxpayer's representative (If applicable):
Thank you for assisting the Listers in the appeal process. Please submit this document and any othe required information to the address the top of this form.
If you need assistance, or have questions, please call the Listers Office between 9:00AM and 2:00 PN Monday through Friday at (802) 796-4061