Town of Alburgh
Board of Listers
1 North Main Street
Suite #1
Alburgh, VT 05440
(802)-796-4061
Listers@fairpoint.net

APPLICATION FOR GRIEVANCE

The Listers 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 / email (see above). Hearings will begin on (enter date, and time on hearing notice here).**

Please Note: Applicant must be owner of record on April 1st 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.*

_____

_____

_____

Signature

_____
*Signature of Owner as of April 1 (**Required**)*

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

_____ Date: _____

Representative Contact Information:

Basis for Appeal (continued)

Please initial each page