

VLCT MODEL GRIEVANCE FORM

Copy and paste the information below into a new document to customize.

Municipality Name _____

Board of Listers _____

Address Line 1 _____

Address Line 2 _____

City, State, Zip _____

APPLICATION FOR GRIEVANCE

This application is to assist you in your preparation for grievance day hearings. Please use a separate application for each property you are appealing.

Name _____

Mailing Address _____

City/State/Zip _____

Phone [Daytime] and/or email _____

PROPERTY INFORMATION

Property Location _____

Map/Parcel ID _____

Current Assessment \$ _____

Your Opinion of Fair Market Value \$ _____

BASIS FOR APPEAL

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 your proposed value for the property. If you feel you are disproportionately assessed, please list neighboring properties which you are using for

comparison. If this application is for commercial property, you will receive an income and expense form to complete and fill out with your application. If you need more space, please attach additional sheets to this form.

STATEMENT:

[illegible]

Signature of Taxpayer: (REQUIRED): _____

Taxpayer's Representative (If applicable): _____

Thank you for assisting the Listers in the appeal process. Submit this document and any other required information to the address at the top of this form.

If you need assistance, or have questions, please call the Listers office between [insert hours and days of the week that the office is open], at [insert phone number].