Town of Montgomery
Board of Listers
PO Box 356
Montgomery Center, VT 05471
(802) 326-4719

2014 APPLICATION FOR GRIEVANCE

The Listers have developed this application to assist you in preparing for your grievance hearings. Please use one application for **EACH** property you are appealing. We will contact you to schedule your hearing upon receipt. **Your Grievance must be received by the Listers or Town Clerk by 4:00pm, June 25th, 2014.**

Name: _____ Daytime Phone: _____

Address: _____ Email Address: _____

City: _____ State: _____ Zip Code:_____

Property Location: _____ Map ID: _____

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 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.

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_____

Over…

Signature of Taxpayer (**REQUIRED)**: _____

Taxpayer's Representative (If applicable): _____

If you need assistance or have questions, please call or visit the Listers Office.
We will have extended hours of Monday-Friday, 8:00am – 4:00pm through Friday June 23rd, 2014.
Other hours may be available by appointment.

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