

*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 25<sup>th</sup>, 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 23<sup>rd</sup>, 2014.  
Other hours may be available by appointment.

