## Castleton VT Assessor 263 Route 30N Bomoseen, VT 05732 (802) 468-5319 ext 209 Assessor@castletonvt.org

## **APPLICATION FOR GRIEVANCE**

The Assessor has 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 June 20, 2023 by appointment.** 

Please Note: Applicant must be owner of record on April 1<sup>st</sup> but may assign new owner or other agent as their representative below.

		Applicant Informa	tion			
Owner(s) Name:	Last	First	 	Date:		
Mailing Address:				A		
	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 Appea	al			

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)

Name of Owner's Representative (If applicable):

Date:

Date:

Representative Contact Information:

	Basis f	for Ap	peal (d	continu	ed)
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Please initial e	ach page
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