

TOWN OF CASTLETON
GRIEVANCE APPEAL TO ASSESSOR

Date: _____ Telephone Number: _____

Property Owner(s): _____

Business Name (If applicable) _____

Type/Use of Property: _____

Location: _____

Parcel Number (s): _____

Current Total Real Value: _____ Owners Estimate of Value: _____

Owners' Reason for grievance: (1) _____

Signature(s) of Owner(s) or Representative

NOTE: If you are representing the owner, you must include a letter of representation signed by the owner with the appeal. Please attach any documentation needed to this form.

You may submit this form via mail to the Assessor in lieu of meeting directly with the Assessor. Please mail to:

Castleton Assessor

PO Box 727

Castleton, VT 05735 Call 802-468-5319 X 209 for appointment

ALL GRIEVANCES MUST BE IN WRITING. This form is provided for your convenience. Please return the completed form along with any attachments or information you wish to provide to the Castleton Assessor before your appointment. The parcel number and current value information needed to complete this form is on your grievance notice. Thank you for your cooperation.
