

Town of Middlebury
Board of Listers
77 Main Street
Middlebury VT 05753
(802) 388-8100 x 207
ajoseph@townofmiddlebury.org

APPLICATION FOR GRIEVANCE

This application form is to assist you with your grievance appeal. Please use one application for each property you are appealing. **Return completed forms to our office or by mail / email (see above).** If you wish for a hearing by phone or videoconference (ZOOM), please indicate below. Please call or email if you have questions.

Applicant Information

Owner(s) Name: _____ Date: _____
Last First

Mailing Address: _____
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)

Request for video/phone hearing (please circle): YES NO

Signature

Signature of Owner

Name of Owner's Representative (If applicable): Date: _____

Representative Contact Information: Date: _____

Basis for Appeal

*Please provide a brief statement on page 2 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.***

