

TOWN OF SHARON
Board of Listers
PO BOX 250
SHARON VT 05065-0250
(802) 763-8268 ext 2

APPLICATION FOR GRIEVANCE

The Listers have developed this application to assist you in your preparation for grievance day hearings. Please use one application for EACH property you are appealing.

NAME: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE (DAYTIME) AND/OR EMAIL: _____

PROPERTY LOCATION: _____

PARCEL 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 feel you are disproportionately assessed, please list those neighboring properties, which you are using for comparison. If you need additional space, please attach additional sheets to this form.

If you need assistance, or have questions, please call the Listers' Office at (802) 763-8268 ext 2 or email sharon.listers@valley.net.