

City of Saint Albans
Board of Listers
PO Box 867
100 North Main Street
St Albans, VT 05478
(802) 524-1500 ext *262
s.bennett@stalbansvt.com

APPLICATION FOR GRIEVANCE

The Listers have 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 21, 2024 and end on July 5, 2024.**

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

Applicant Information

Owner(s) Name: _____ Date: _____
Last First M.I.

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)

Basis for Appeal

*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: _____

Representative Contact Information:

Date: _____

