

City of Saint Albans – Board of Listers
100 North Main Street
St Albans, VT 05478
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. **Return completed form(s) to our office or by mail / email (s.bennett@stalbansvt.com). Due date: June 15, 2026 by 4:30PM.**

In addition to submitting this application, you **MUST** schedule a date/time for your hearing. You can schedule your hearing by going online here: <https://www.stalbansvt.com/assessor> OR call 802-752-2159 OR email: s.bennett@stalbansvt.com. Hearings will be between June 16 – June 26th.

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)

*Please supply the date & time of your scheduled Grievance Hearing. **This is mandatory.** Please refer to the top of this form for directions to schedule.

Date: _____ Time: _____

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: _____

