Town of Worcester, Vermont
Board of Listers
(802) 223-6942

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.

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Signature of Taxpayer: **(REQUIRED)** _____

Taxpayer's representative (If applicable):

_____

Thank you for assisting the Listers in the appeal process. Please submit this document and any other related information to the address at the top of this form.

If you need assistance, or have questions, please call the Listers Office (802) 223-6942).

Lister Office Hours: 8AM – 12PM Mondays.