

**Town of Manchester, Vermont
Board of Civil Authority
PO Box 830
Manchester Center, Vermont 05255
(802) 362 1313 x. 1**

APPLICATION FOR GRIEVANCE

The Board of Civil Authority has developed this application to assist you in your preparation for grievance day hearings. This form is not a requirement for the appeal process, but you may find it helpful. Please use one application for each property you are appealing.

Name of Property Owner:

Name of Authorized Agent (if applicable):

Mailing Address:

City/State/Zip Code:

Phone (Daytime)

Email:

Property Location:

Map ID:

Current Assessment:

Your Opinion of Fair Market Value:

BASIS FOR APPEAL: *Please provide a brief statement as to why you believe your assessment is incorrect.*

If you are relying on sales data, please list the sales which support your proposed value of the property.

