## 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.

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 sheets to this form.

(attach additional pages if necessary)
(attach additional pages if necessary)
(attach additional pages if pagesary)

Thank you for assisting the Board of Civil Authority in the appeal process. Please submit this document and any other information to the Town Clerk's Office. If you have questions, please call or email the Town Clerk's Office.