

Town of Cabot, VT
Board of Listers

PO Box 36
Cabot, VT 05647

*****GRIEVANCE DEADLINE MAY 20*****

(802) 563-3139
Listers@cabotvt.us

APPLICATION FOR PROPERTY VALUATION GRIEVANCE

I wish to grieve with this form in person by phone by Zoom

For those who wish to grieve a property valuation, you may use this application to assist in preparing a grievance. Please use one application for each property appealed. Listers will contact grievant to schedule a requested hearing date and time. **Appeals will be heard by scheduled appointment May 20, 2024. Return completed form by mail / email (see above) or Town of Cabot drop box at rear of Willey Building not later than May 20, 2024, 3:30 p.m.**

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

Applicant Information

Owner(s) Name: _____ Date: _____
Last First

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 attach those sheets to this form and **initial each page**. More space provided on back of this form if needed.*

Signature

Signature of Owner (required) Date: _____

Owner's Representative (if applicable)

Representative Contact Information:- email address and telephone number

