www.shaftsburyvt.gov

Town of Shaftsbury

Municipal Offices at Cole Hall

assessors@shaftsburyvt.gov
802-442-4038 - ext: 103

PO Box 409
61 Buck Hill Road
Shaftsbury, VT
05262-0409
(802) 442-4038

Assessors Office

APPLICATION FOR GRIEVANCE

The Assessors have developed this application to assist you in preparing for your grievance hearing. Please use one application for each property you are appealing. We will contact you to schedule your hearing upon receipt. Return completed forms to our office or by mail (see above). Hearings will be on:

Date:_____ Time:

Please Note: Applicant must be the owner of record on April 1st, 2025 but may assign a new owner or other agents as their representative below.

Owner(s) Name: _____
Last First M.I.

Mailing Address: _____

Phone number: _____ Email: _____Parcel ID# _____

Property Location: _____

(What would you list the property for if placed on the market today)

Current Assessment: $ _____ Your Opinion of Fair Market Value $_____

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 that 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 is provided below if needed.

_____
_____
_____
_____
_____

Signature

_____
Signature of Owner as of April 1 (Required)

_____ Date: _____
Name of Owner's Representative (If applicable)

_____ Date: _____
Representative Contact Information

Basis for Appeal (continued)