Town of Pomfret, Vermont Board of Listers (802) 457-3861

2024 APPLICATION FOR GRIEVANCE

The Listers have developed this application to assist you in your preparation for grievance day hearings. Please bring this form to your Grievance Hearing appointment.

Name
Mailing Address
City/State/Zip
Phone & Email
Property Location
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 (comparables), 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. If you need additional space, please attach sheets to this form.
Signature of Taxpayer (REQUIRED):
Taxpayer's representative (if applicable):