

ALL GRIEVANCES MUST BE IN WRITING.

This form is provided for your convenience.

Return the completed form to Lister's Office 68 Town Office Rd Plymouth VT.05056

**TOWN OF Plymouth
GRIEVANCE APPEAL TO LISTER**

Date _____ *Telephone Number(s)* _____

Property Owner(s): _____

Business Name (If different): _____

Type/Use of Property: _____

Location: _____

Account/Parcel Number(s): _____

Assessed Value: _____ Owners Estimate of Value: _____

Owners' Reasons for grievance: _____

What do you feel this could sell for on the market today? _____

Signature(s) of Owner(s) or Representative

NOTE: *If you are representing the owner, you must include a letter of representation signed by the owner with your appeal.*