

**ALL GRIEVANCES MUST BE IN WRITING AND
RECEIVED AT THE TOWN OFFICE
(Deadline to be posted by end of May)**

This form is provided for your convenience. Return the completed form to the Lister's Office, P.O. Box 10, Pittsford, VT 05763-0010 or Fax to (802) 483-6612.

TOWN OF PITTSFORD GRIEVANCE APPEAL TO LISTER

Parcel Number: _____ Location: _____

Property Owner(s): _____

Business Name (If different): _____

Date ___/___/2010 Daytime Telephone Number: (____)-____-_____

Type/Use of Property: _____

Owners Estimate of Value: _____ Assessed Value: _____

Corrections only _____

Written grievance _____

In person grievance _____ Call (802) 483-6500 ext.15 for appointment

All grievances (written or in person) require a **complete** inspection of the grieved property.

Owners' Reasons for grievance:

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.

Received ___/___/2010