

Town of Manchester, Vermont
Board of Civil Authority
PO Box 830
Manchester Center, Vermont 05255
(802) 362 1313 x. 1

APPLICATION FOR GRIEVANCE

The Board of Civil Authority has developed this application to assist you in your preparation for grievance day hearings. This form is not a requirement for the appeal process, but you may find it helpful. Please use one application for each property you are appealing.

Name of Property Owner: _____

Name of Authorized Agent (if applicable): _____

Mailing Address: _____

City/State/Zip Code: _____

Phone (Daytime) _____

Email: _____

Property Location: _____

Map ID: _____

Current Assessment: _____

Your Opinion of Fair Market Value: _____

BASIS FOR APPEAL: Please provide a brief statement as to why you believe your assessment is incorrect. If you are relying on sales data, please list the sales which support your proposed value of 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.
