

**ALL GRIEVANCES MUST BE IN WRITING AND
RECEIVED AT THE TOWN OFFICE
BY THE DATE OF GRIEVANCE HEARING
DATE OF GRIEVANCES TO BE ANNOUNCED 6/4/2020**

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. Phone: 483-6500 ext.15 Email: listers@pittsfordvermont.com

TOWN OF PITTSFORD GRIEVANCE APPEAL TO LISTER

Parcel Number: _____ Location: _____

Property Owner(s): _____

Business Name (If different): _____

Date ___/___/2020 Daytime Telephone Number: (____)-____-_____

E-mail Contact: _____

Type/Use of Property: _____

Owners Estimate of Value: _____ Assessed Value: _____

Grievance by letter only _____

In person grievance _____ We will call you to schedule a hearing

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 ___/___/2020