



2282 US Route 4  
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## APPLICATION FOR GRIEVANCE

**The Town has developed this application to assist you in your preparation for grievance day hearings. Please use one application for EACH property you are appealing.**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone [Daytime] \_\_\_\_\_

E-mail address \_\_\_\_\_

Property Location \_\_\_\_\_

Tax Map ID \_\_\_\_\_

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, 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.

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