

GRIEVANCE FORM

All grievances must be submitted in writing. Return to the Isle La Motte Town Office, PO Box 250, Isle La Motte, VT 05463 or email to Listers@islelamotte.gov. For questions call: 802-928-3434.

APPLICANT INFORMATION

Property Owner(s) _____

Applicant Name _____
(If different) **Note: if you are NOT the property owner, provide written authorization of representation signed by the owner**

Mailing Address _____

Phone _____ Email _____

PROPERTY INFORMATION

Property Address _____

Parcel ID _____ SPAN _____

New Value _____ Your Estimated Value _____

REASON FOR GRIEVANCE

Please explain the reason for your grievance here. You can attach additional pages if needed. For example, are there errors in the physical data of your property? Considerations from recent sales of similar properties?

COMPARABLE PROPERTIES (Properties you believe are of similar value to your own)

| Parcel ID | Owner | Address | New Value |
|-----------|-------|---------|-----------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Applicant Signature _____ Date _____