Town of Killington
Property Tax Abatement Request Form

Request #_____

_____
Name(s) of Property Owner(s)

_____
Name of Appellant, if different

_____
Mailing Address

_____
Property Address and /or Tax Map Number

_____
Reason for Request (choose from list in attached information packet)

_____
Amount Requested

Please explain why you are requesting this abatement. You may attach additional pages if necessary. At the abatement hearing you will have a chance expand on this explanation.

_____ _____
Signature of Appellant(s) Date

Date of document: July 2011