

Town of Killington, Vermont  
Board of Listers  
PO Box 429  
Killington, VT 05751  
(802) 422-3241  
[Listers@killingtontown.com](mailto:Listers@killingtontown.com)

## APPLICATION FOR GRIEVANCE

The Listers have developed this application to assist you in preparing for your grievance hearing. Please use one application for each property you are appealing. You may call us to schedule a time for your hearing or you can just show up on the hearing days. You do not need to attend, this application and all the supporting documents may serve as your grievance. **Return completed forms to our office or by mail / email (see above). Hearings will held on Friday, June 6, 2025 and Saturday, June 7, 2025 from 9am to 1pm.**

Please Note: Applicant must be owner of record on April 1<sup>st</sup> but may assign new owner or other agent as their representative below.

### Applicant Information

Owner(s) Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Mailing Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Property Location: \_\_\_\_\_ Parcel ID: \_\_\_\_\_

Current Assessment: \$ \_\_\_\_\_ **Required:**  
**Your Opinion of Fair Market Value:** \$ \_\_\_\_\_  
*(What would you list the property for if placing on the market today)*

### Basis for Appeal

Please provide a statement explaining 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 need additional space and/or are submitting supporting documents, please attached those sheets to this form and **initial each page**. More space provided if needed.

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### Signature

\_\_\_\_\_  
*Signature of Owner as of April 1 (Required)*

\_\_\_\_\_  
*Name of Owner's Representative (If applicable):*

Date: \_\_\_\_\_

Date: \_\_\_\_\_

