Town of Dover, Vermont

Assessor's Office

PO Box 428, West Dover, VT 05356

Application for Grievance

The Assessor 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) and or email/cell
PropertyLocation/ParcelID
Current Assessment\$
Your Opinion of Fair Market Value\$
Basis for appeal: Please provide a brief statement as to 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.

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	N. C.
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Signature of Taxpayer: (REQUIRED)	
Signature of Representative:	
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Thank you for assisting the Assessor in the appeal process. Please submit this document and any other information you wish to submit to the address listed on top of this form. (Or may be hand delivered on the day of grievance.) Please call for an appointment for your hearing.

If you need assistance, or have questions, please call the Assessors' office 802-464-5100 x 5 Office hours: Monday, Tuesday & Wednesday 9-3