

# GRIEVANCE APPEAL FORM

## TOWN OF STOCKBRIDGE

All grievances must be in writing. This form is provided for your convenience.

Return this form to the Stockbridge Town Offices at 1722 VT Route 100, Stockbridge, VT

Or mail to Town of Stockbridge Listers, PO Box 39, Stockbridge, VT 05722

Or email to [Listers@stockbridgevt.gov](mailto:Listers@stockbridgevt.gov) Must be received on or before May 26, 2026, postmarks not accepted.

Questions? Call (802) 746-8400 or email the Stockbridge Listers.

### APPLICANT INFORMATION

**Property Owner(s)** \_\_\_\_\_

**Applicant Name** \_\_\_\_\_  
(if different) **Note:** If you are NOT the property owner, written authorization of representation signed by the owner must be provided and submitted with this form.

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

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

### PROPERTY INFORMATION

**Property Address** \_\_\_\_\_

**Parcel ID** \_\_\_\_\_ **SPAN** \_\_\_\_\_

**Assessed Value** \_\_\_\_\_ **Your Estimated Value** \_\_\_\_\_

### REASON FOR GRIEVANCE

Please explain the reason for your appeal 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 & Sub | Owner | Address | NEW Value |
|-----------------|-------|---------|-----------|
| _____           | _____ | _____   | _____     |
| _____           | _____ | _____   | _____     |
| _____           | _____ | _____   | _____     |

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_