

**Grievance Appeal Form**  
Town of Richmond

All Grievances must be in writing. This form is provided for your convenience. Return the form to the Richmond Assessor's Office at 203 Bridge Street, PO Box 285 Richmond, VT 05477. Assessor's Office phone: 802-434-2221 ext 2. Email to: [assessors@richmondvt.gov](mailto:assessors@richmondvt.gov)

Property Owner(s): \_\_\_\_\_

Owner Address: \_\_\_\_\_

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

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

Contact Person (if different): \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Property:  Residential  Commercial  Condo  Apartment  Other \_\_\_\_\_

Assessed Value: \_\_\_\_\_ Estimate of Value: \_\_\_\_\_

Reason for Grievance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comparable Properties (Properties you believe are similar to your property):

	Parcel ID	Owner	Location	Value
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____

When preparing for your appeal you should make sure the physical data of your property is correct. Next you should consider recent arms length sales of properties similar to your property.

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

Signature of Owner(s): \_\_\_\_\_

Note: If you are representing the owner you must include a letter of representation signed by the owner.