

Barre City Assessor
6 N. Main Street ~ Suite 7
Barre, VT 05641 ~ (802) 476-0244
Assessor@barrecity.org

APPLICATION FOR GRIEVANCE

This application has been developed to assist you in preparing for your grievance. Please use one application for each property you are appealing.

Please return completed forms to our office by USPS mail, City drop-box, or email, NO LATER THAN JULY 9, 2024 AT 3:00 PM. Hearings begin Wednesday, July 10, 2024 beginning at 8:30 AM by appointment only.

All grievances must be in writing, and you must have purchased your property as of the end of day on April 1, 2024, otherwise you will need the prior owner's consent in writing.

NOTE: this process is not a 'tax appeal', but an appeal of your property's assessment.

APPLICATION 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: \$ _____ Your opinion of Fair Market Value: \$ _____
What would you list the property for, if placing on market today

REASON FOR GRIEVANCE

*Please provide a brief statement explaining why you feel your assessment is incorrect. If you are relying sales data, please list the sales which support your proposed value for the property. If you need additional space and/or are submitting documents, please attach those sheets to this form and **initial each page** – more space is provided on back if needed.*

If you have a current appraisal (one (1) year old or newer), please submit with this form.

SIGNATURE

Signature of Owner as of April 1, 2024 (Required) _____ Date: _____

Name of Owner's Representative (If Applicable) _____ Date: _____

