

ALL GRIEVANCES MUST BE IN WRITING. This form is provided for your convenience.
Return the completed form to the Lister's Office, PO Box 10, Guildhall, VT 05905

TOWN OF GUILDHALL
GRIEVANCE APPEAL TO LISTER

Date _____ Telephone Number(s) _____

Property Owner(s): _____

Address: _____

Location of Property: _____

Parcel ID Number(s): _____

Owners' Reasons for grievance:

Signature(s) of Owner(s) or Representative

NOTE: *If are representing the owner, you must include a letter of representation signed by the owner with your appeal.*