

**TOWN OF NORTH HERO, VERMONT**

PO Box 38  
North Hero, Vermont 05474

Listers Office ♦ Phone 802-372-8503 ♦ Fax 802-372-3806

**REQUEST FOR GRIEVANCE**

I, \_\_\_\_\_ want to grieve the assessment on  
my property for the following reason:

Parcel ID \_\_\_\_\_, Location \_\_\_\_\_

\_\_\_\_\_  
Name (Please Print) (Signature) (Date)

\_\_\_\_\_  
Name (Please Print) (Signature) (Date)

\_\_\_\_\_  
Home phone Cell number E-mail address