

SELECT BOARD

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www.stalbanstown.com

Grievance Request Letter

I _____ would like to appeal the assessment for the property located at _____.

Parcel ID or Span Number _____

The basis for my appeal is:

Good call back number _____

Signature _____ Date _____

Please mail to address listed in the header or email to m.montagne@stalbanstown.com

Molly Montagne, Asst. Assessor & E911 Coordinator
802-524-7589 ext. 105
m.montagne@stalbanstown.com
www.stalbanstown.com