



Town of Bolton  
3045 Theodore Roosevelt Highway  
Bolton VT 05676  
Phone: (802) 434-5075 x 222  
Fax: (802) 434-6404  
Email: clerkbolton@gmavt.net

Request for Grievance of Taxable Valuation for Tax Year 2023-2024

Requestor's Information:

Owner of Record: \_\_\_\_\_

Contact person (if different): \_\_\_\_\_

Contact information: \_\_\_\_\_

Location of Property: \_\_\_\_\_

Property Information:

Parcel ID#: \_\_\_\_\_ Tax Map #: \_\_\_\_\_ Warranty Deed recorded in Volume \_\_\_\_\_ Pages \_\_\_\_\_

Current Value: \$ \_\_\_\_\_ Purchase Price: \$ \_\_\_\_\_ Purchase Date: \_\_\_\_\_

Please fully state your reasons for your appeal or request for review, and if you have an appraisal, include a copy.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list name, location and value of comparables.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Owner of Record and Date: \_\_\_\_\_

Received at the Town of Bolton on \_\_\_/\_\_\_/\_\_\_ by \_\_\_\_\_

Appointment with Assessor: \_\_\_\_\_