

Signature of Taxpayer: (required)

Signature of representative:

Thank you for assisting the assessor in the appeal process. Please send this form and any other documentation you have to the address listed at the top of this form. You may also hand deliver the day of the grievance hearing.

Please call the office for an appointment or if you have any questions with this process.

802-464-5100 x 5

dvrlistr@sover.net

Office hours: Monday, Tuesday & Wednesday 9-3

Kind regards,

Linda Sherman
Dover Assessor