TOWN OF STRAFFORD GRIEVANCE APPEAL

ALL GRIEVANCES MUST BE IN WRITING. This form is provided for your convenience, but any written statement with the same information is acceptable.

Date _____ Telephone Number(s) _____ Email _____

Property Owner(s) _____

Business Name (if different) _____

Type / Use of Property _____

Parcel Number and/or SPAN _____

Assessed Value _____ Owner's Estimate of Value _____ _____

Owner's Reasons for Grieving (provide full and factual details. Attach a separate page if desired)

_____

_____

_____

_____

_____

_____

Signatures of Owner(s) or Representative

_____ _____

NOTE: If you are representing an owner, you must include a letter of representation signed by the owner along with this appeal notice.

For Official use only

Received By _____ Date_____ Town Office / Mail / email /

Response / Action _____