

**Town of Burlington Property Appeal Application  
To the Board of Assessment Appeals**

Property Owner(s) \_\_\_\_\_

Name of Signer (If other than owner) \_\_\_\_\_

Position of Signer (If other than owner) \_\_\_\_\_

Property Owner will be represented by: Self \_\_\_\_\_ Agent \_\_\_\_\_ *(If by Agent, authorization on the reverse side must be completed.)*

Name and Address of Person to whom all notices and correspondence should be sent. (list only one address)

Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

State, Zip Code: \_\_\_\_\_ Phone No. \_\_\_\_\_

**For the Supplemental Motor Vehicle Grand List of October 1, 2009:** \_\_\_\_\_

**For the Grand List of October 1, 2010: Real Estate** \_\_\_\_\_ **Motor Vehicle** \_\_\_\_\_ **Personal Property** \_\_\_\_\_

Description of property being appealed ( Location of Real Estate, List No., Year, Make, Model, and Plate No. For ALL motor

Vehicles) Location: \_\_\_\_\_

List No. \_\_\_\_\_ Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Plate No. \_\_\_\_\_

Reason for Appeal: \_\_\_\_\_

Appellant's estimate of value of the property: \_\_\_\_\_

Signature of  
Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Agent: \_\_\_\_\_ Date: \_\_\_\_\_

*(If signed by Agent, authorization for on the reverse side MUST be completed)*

**Please note that the above form must be completed in its' entirety. A separate form is required for each Property/Motor Vehicle being appealed. Please type or print legibly.**

*Do Not Write Below This Line*

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**NOTICE OF APPEAL HEARING TIME AND PLACE**

An appeal hearing is to be held at the Burlington Town Hall on \_\_\_\_\_ at \_\_\_\_\_

**Return No Later Than February 20, 2011**

*Agents Certification*

Date: \_\_\_\_\_

To Whom it may Concern: I, \_\_\_\_\_

being the legal owner of the property described on the front of this document, hereby

authorize \_\_\_\_\_ to act as my agent in all

matters before the Board of Assessment Appeals for the Town of Burlington, for the

assessment year commencing October 1, 2010.

Signature of Owner: \_\_\_\_\_