
Signature of Taxpayer: (REQUIRED) _____

Taxpayer's representative (if applicable): _____

Thank you for assisting the Listers in the appeal process. Please submit this document and any other required information to the address the top of this form.

If you need assistance, or have questions, please call the Listers Office between 9:00AM and 2:00 PM, Monday through Friday at (802) 796-4061
