## ABATEMENT HEARING REQUEST – Town of Hyde Park, Vermont

	(Request #:	Office use only)
Name of Applicant:		
Name of Agent (if applicable):		
Mailing Address:		
Telephone: En	nail:	
Abatement request is for:		
TaxesPenaltyInteres	st	

I am requesting abatement allowed under the statutory criteria of 24 VSA §1535(a) as follows:

(1) taxes	of persons	who have	died insolvent;
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- (2) taxes of persons who have removed from the State;
- (3) taxes of persons who are unable to pay their taxes, interest, and collection fees;
- \_\_\_\_\_(4) taxes in which there is manifest error or a mistake of the Listers;
- (5) taxes upon real or personal property lost or destroyed during the tax year;
- (6) the exemption amount available under 32 V.S.A. § 3802(11) to persons otherwise eligible for exemption who file a claim on or after May 1 but before October 1 due to the claimant's sickness or disability or other good cause as determined by the board of abatement; but that exemption amount shall be reduced by 20 percent of the total exemption for each month or portion of a month the claim is late filed;
  - (7), (8) [Repealed.]
- (9) taxes upon a mobile home moved from the town during the tax year as a result of a change in use of the mobile home park land or parts thereof, or closure of the mobile home park in which the mobile home was sited, pursuant to 10 V.S.A. § 6237.

## Briefly describe the reason for abatement request (attach separate sheet(s) if necessary):

## Please submit a copy of your bill(s) with this request. Property address: (if different from mailing address): SPAN#: \_\_\_\_\_ Parcel ID: \_\_\_\_\_ Property type: \_\_\_\_\_Residential \_\_\_\_\_Commercial \_\_\_\_\_Agricultural \_\_\_\_\_Forest

**Oath:** I solemnly swear (or affirm) that the evidence/testimony I shall give relative to this cause now under consideration shall be the whole truth and nothing but the truth, so help me God (or under the pains and penalties of perjury).

Applicant (or Agent) Signature(s):

(If signed by an Agent, attach a copy of written authorization to sign on behalf of the Applicant).

Date: \_\_\_\_\_ Amount of abatement request: \$ \_\_\_\_\_

For your hearing, you will be responsible for supplying evidence to support your request; the burden of proof is yours. If your request is for reason #3 (financially unable to pay), the Abatement Board may request the taxpayer to produce personal financial information, information about insurance, photographs medical bills or any other documentation that will help support your request.

You are not required to appear in person, although you are encouraged to do so, so you can provide verbal testimony and answer any of the Board's questions. If you do not appear at the hearing, the Board's decision will be based solely on the information provided in this form or submitted with your abatement request.

The Board is under no obligation to grant any abatement requests.

You will be notified in writing of the Board's decision.

If you do not agree with the Board's decision, you may appeal the Board's decision to Superior Court in accordance with Rule 75 of the Vermont Rules of Civil Procedure.