

BENEFIT ASSESSMENT GRIEVANCE APPLICATION
Zones of Assessment, Dutchess County Water District
Part-County Sewer District

A separate form must be used for each parcel grieved, with all supporting information attached at the time of filing. Please mail completed forms to **Clerk of the Dutchess County Legislature, 22 Market Street, 6th Floor, Poughkeepsie, New York 12601, email to countylegislature@dutchessny.gov, or call 845-486-2100 to make an appointment to deliver the completed application.** Applications and supporting information must be RECEIVED not later than the day of, and prior to the commencement of, the Grievance Hearings.

Name of Property Owner _____

Mailing Address _____

Site Address _____

Telephone No. _____ Fax No. _____

Representative's Name & Contact Information, if applicable _____

Zones of Assessment and/or Part-County Sewer District _____

Tax Map No. (i.e. 133200-6067-02-960660-000 on tax bill) _____

Property Location _____ Town _____

State Reason for Grievance (attach additional pages): _____

Documentation/Information to Support Grievance: (attach)

I certify that all statements made on this form are true and correct to the best of my knowledge and belief, and I understand that the making of any willful false statement of material fact will subject me to the provisions of the Penal Law relevant to the making and filing of false instruments.

Signature of Applicant

Date