



Town of Brandon Tax Stabilization Application

Applicant Property Owner	
Applicant Property Contact	
Contact Tax Bill Address	
Parcel Number	
Current FY Assessed Value	
Total Property Improvement (attach invoices)	
Contract Length (per policy)	
Fiscal Year Start of Contract	

I affirm that all evidence provided as a part of this application does represent the true investment value and costs incurred by the property owner for the above-referenced property.

Applicant Representative Signature

Representative Printed Name

Witness

Dated

Town Representatives	Approve	Date	Signatures
Econ Development Officer	Y/N		
Town Manager	Y/N		
Select Board			