

Appeal Date: _____

Received by: _____

Time: _____

Code# _____

Payment _____

MONROE COUNTY BOARD OF ASSESSMENT REVISION

Administration Center 1 Quaker Plaza Room #102

Stroudsburg, PA 18360-2171

570-517-3133

2021 COMMERCIAL APPEAL

Please Note: There is a \$50.00 filing fee per parcel for Commercial Appeals.

NOTE: This form must be completed in full to constitute a valid appeal. It must be signed by the property owner or his/her attorney in blue ink to constitute a valid appeal and must be received by the Board of Assessment Revision, or postmarked, on/or before **August 1, 2020**. Under the provisions of the law, any person aggrieved by any assessment and desiring to appeal shall file an Appeal Form with the Monroe County Board of Revision. Such Appeal form shall designate the assessment appealed and the address to which the Board shall mail notice of when and where to appear for a hearing. No appeal shall be heard by the Board unless the appellant shall first have timely filed the appeal form and the required documents as set forth by law. This includes taxing districts. **No facsimiles or E-mails will be accepted.**

Record owner(s) name: _____

Mailing address: _____

Property Identification # (14 digits) _____

Parcel # _____

Assessment Appealed: Land - _____ Building- _____ Total- _____

Acreage- _____ Building Use- _____

Type of Business- _____

Opinion of Value- _____

Date Purchased- _____ Purchase Price- _____

Reason for filing Appeal: _____

Mortgage Information

Amount Financed:

1st Loan- _____ 2nd Loan- _____ 3rd Loan- _____

Term- _____ Rate of Financing- _____

Number of Units:

Rent per Unit:

1 Bedroom - _____ \$ _____

2 Bedroom - _____ \$ _____

3 Bedroom - _____ \$ _____

4 Bedroom - _____ \$ _____

Appellant must complete 3 years income and expense form on page three of appeal application as part of the commercial appeal. Attach any additional information necessary for this appeal. Appraisals should be submitted to the Board no later than ten (10) working days prior to the scheduled appeal date.

I/we hereby declare my/our intentions to appeal the assessed value of the property described above and do hereby verify that the statements made in this appeal are true and correct. I/we understand that false statements herein are subject to the penalties of 18 Pa. CS Section 4904, relating to unsworn falsifications to authorities.

Signed _____ Date _____

Owner(s) of record _____ Phone # _____

COMPLETE THIS SECTION ONLY IF AN ATTORNEY IS REPRESENTING YOU.

ONLY ATTORNEYS-AT-LAW LICENSED TO PRACTICE IN THE COMMONWEALTH OF PENNSYLVANIA MAY REPRESENT AGGRIEVED PARTIES AT THE APPEAL HEARINGS BEFORE THE BOARD.

Signature of Attorney _____

Print Name of Attorney _____

Address of Attorney _____

Phone Number of Attorney _____

Tax Parcel # _____

Commercial Appeal 3 Year Annual Income-Expenses
Gross Annual Income

	20__	20__	20__
Potential Gross Income	_____	_____	_____
Percentage of Vacancy	_____	_____	_____
Additional Income	_____	_____	_____

Gross Annual Expenses

Annual Insurance	_____	_____	_____
Electricity	_____	_____	_____
Telephone	_____	_____	_____
Water & Sewer	_____	_____	_____
Trash Removal	_____	_____	_____
Manager's Salary	_____	_____	_____
Legal/Accounting	_____	_____	_____
Payroll	_____	_____	_____
Wages & Salaries	_____	_____	_____
Advertising	_____	_____	_____
Maintenance	_____	_____	_____
Snow removal	_____	_____	_____
Replacement Reserve	_____	_____	_____
Other	_____	_____	_____
Total Expenses	_____	_____	_____

Tax Parcel # _____

Do Not Write Below This Line

Date of Decision _____

Disposition of Appeal _____

Current Value: _____ YEAR _____

Adjusted Value: _____ YEAR _____

Land: _____

Land: _____

Building: _____

Building: _____

Total: _____

Total: _____