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Date _____

Payment _____

MONROE COUNTY BOARD OF ASSESSMENT REVISION
Administration Center 1 Quaker Plaza Room 102
Stroudsburg, Pennsylvania 18360-2171
570-517-3133

2023 RESIDENTIAL APPEAL FORM

Please Note: There is a \$25.00 filing fee per parcel for residential appeals.

NOTE: This form must be completed in full and signed by the property owner or his/her Attorney in blue ink to constitute a valid appeal and must be received in the office of the Board of Assessment Revision by 4:30PM on or before **August 1, 2022** for the 2023 tax year. Appeals sent by mail that are postmarked before the filing date but not received until after the filing date, will be rejected as untimely filed. 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 Assessment 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 APPEALS SHALL BE HEARD BY THE BOARD UNLESS APPELLANT SHALL FIRST HAVE TIMELY FILED THE APPEAL FORM AND 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 _____

For notification

City _____ State _____ Zip _____

Property Identification Number(14 digit) _____

Property Code Number _____

Building and/or land use: _____

Type of Structure: (i.e. bilevel, ranch) _____ total sq. ft _____

Number of stories _____ Total rooms _____ half baths _____ full baths _____ bedrooms _____ fireplace _____

Garage: () attached () detached () carport Other buildings _____

Central air _____ total basement square feet _____ () unfinished () finished () rec

lot# _____ lot size/acreage _____

Date purchased _____ Purchase price _____

Current assessment of: Land _____ Building _____ Total _____
Your opinion of total value of this property _____

If property is rented, annual rent _____ Copy of lease(s) should be attached.

Please explain your reasons for filing this appeal:

Appeal Hearing Options (Check One Only)

Option 1. I hereby request the Board of Assessment Revision **REVIEW** the information submitted with this appeal form in lieu of a scheduled formal hearing. The same consideration will be applicable to the review as that of a personal appearance appeal. I understand that by choosing this Option , I waive my right to an in-person hearing and the opportunity to contest any conflicting information on value provided to the Board. *All documentation and evidence of market value that you wish to be considered must be submitted at the time of filing the application.*

YES _____

Option 2. I hereby desire an in-person **HEARING** before the Board of Assessment Revision. Once the hearing is scheduled, no postponements will be granted.

YES _____

Option 3. I hereby desire a phone conference **HEARING**. I understand that by choosing this Option , I waive my right to an in-person hearing. *All documentation and evidence of market value that you wish to be considered must be submitted at the time of filing the application.*

YES _____ Phone number to be used for conference call: _____

ALL DOCUMENTATION OF MARKET VALUE MUST BE SUBMITTED WITH THIS FORM TO SUPPORT YOUR POSITION

I/we, the undersigned, hereby declare my/our intention to appeal from the assessed valuation of the property described herein, and do hereby verify the statements made in this appeal are true and correct. I/we understand that false statements herein are made subject to the penalties of 18 PA C.S. Section 4904 relating to unsworn falsification to authorities. I/we understand my property may be inspected prior to the appeal hearing. ***Please use blue ink for signature.***

Signed _____ Date _____

_____ Phone (h) _____

Owners(s) of record (w) _____

**** Return this page even if no attorney is representing you.****

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 _____

.....

*****DO NOT WRITE BELOW THIS LINE*****

Code # _____

Report and recommendation of Chief Assessor _____

Disposition of Appeal APLC: _____

Date of decision _____

CURRENT VALUE: YEAR _____ ADJUSTED VALUE: YEAR _____

Land _____ Land _____

Building _____ Building _____

Total _____ Total _____