

Appeal Date: _____

Received by: _____

Time: _____

Paid: _____

Code# _____

MONROE COUNTY BOARD OF ASSESSMENT REVISION

Administration Center 1 Quaker Plaza Room #102

Stroudsburg, PA 18360-2171

570-517-3133

COMMERCIAL APPEAL

Please note: There is a \$50.00 PER PARCEL filing fee for all 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 by 4:30 P.M. on August 1st. (e. g., August 1, 2015 for taxing year 2016). 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.

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 # _____

All notice of proceedings will be mailed to the owner(s) of record and such others as identified below:

Name: _____ Name: _____

Address: _____ Address: _____

Phone # _____ Phone # _____

DO Not Write Below This Line

Date of Decision _____

Disposition of Appeal _____

Current Value: _____ YEAR _____

Adjusted Value: _____ YEAR _____

Land: _____

Land: _____

Building: _____

Building: _____

Total: _____

Total: _____

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 _____