

Do Not Write In This Space
Date _____
Time _____
Code # _____

INTERIM APPEAL
Received by _____
Date _____
Payment Received _____

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

*Please Note: There is a \$25.00 filing fee per parcel
for residential appeals and \$50.00 per parcel for commercial 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 by the Board of Assessment Revision within 40 days from the date of assessment change notice. 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**

Record owner's name _____

Mailing Address _____

For notification

City _____ State _____ Zip _____

Property Identification Number _____

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

Type of Appeal: ___ Value ___ Common Level Ratio ___ Other

Type of Property ___Residential ___Commercial ___Industrial ___Other

Please explain your reasons for filing this appeal:

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) _____

All notices of proceedings will be mailed to owner(s) of record and such other representative/attorneys as identified below:

Name _____ Name _____

Address _____ Address _____

Phone _____ Phone: _____

DO NOT WRITE BELOW THIS LINE

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 _____