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Code # \_\_\_\_\_

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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

**2027 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, 2026** for the 2027 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:

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**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 \_\_\_\_\_

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

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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.\*\***

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**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 \_\_\_\_\_

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**\*\*\*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 \_\_\_\_\_