

For Official Use Only

Amount: _____ Date: _____

Check/Cash: _____ Receipt: _____

Received By: _____

Fee: \$1,000.00

**SHORT TERM RENTAL APPEAL
APPLICATION TO THE BOARD OF SUPERVISORS
Jackson Township, Monroe County, PA**

1. Property Address _____

2. Applicant _____ Phone _____
Address _____ Email _____

3. Owner of Property _____ Phone _____
Owner's Address _____ Email _____

4. Representative for Applicant _____ Phone _____
Address _____ Email _____

5. Type of Request:

- () Denial of Initial Application for a Short Term Rental Permit () Other _____
() Denial of Renewal Application for a Short Term Rental Permit _____
() Appeal Revocation of Short Term Rental Permit _____

6. Attach a copy of Denial/Determination received.

7. The reason or basis for appeal is

8. The relief sought is

Applicant's Signature

Date

Property Owner's Signature

Date

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