

For Official Use Only	
Amount: _____	Date: _____
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Fee: \$500

**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:
 Appeal from Determination of Enforcement Officer Other

6. The determination appealed from is

7. The reason or basis for appeal is

8. The relief sought is

_____	_____	_____	_____
Applicant's Signature	Date	Property Owner's Signature	Date