

CONSUMER COMPLAINT FORM FOR:

- Residential Building Contractor Electrical Plumbing
 Places of Public Accommodation Other: *sewer repair*

Fields marked with an asterisk * are required. Incomplete, inaccurate, illegible forms may be returned to the complainant. * TODAY'S DATE
Oct 3, 23

LOCATION OF COMPLAINT

*Street Address *944 Cromwell Ave* *County
Ramsey

*City OR Township (Enter City if within city limits – Enter Township if outside city limits – DO NOT ENTER BOTH) *State
MN *Zip
55114

*Case Title (Complaint details – Please attach any supporting documents: Contracts, proposals, change orders, closing statements, correspondence, etc.)
Dan Bacon forged my signature on contract for payment to the City of St. Paul, MN.

CONTACT INFORMATION FOR COMPLAINANT (PERSON FILING COMPLAINT)

Complainant Business Name *USAP Underground* *Complainant Contact Name
Dan Bacon

*Complainant Street (Mailing) Address *944 Cromwell Ave* *Complainant City
St Paul *Complainant State
MN *Complainant Zip
55114

*Complainant Mobile Number *651 815-7725* Complainant E-Mail
Cassidy364@gmail.com

CONTACT INFORMATION FOR RESPONDENT (WHO COMPLAINT IS AGAINST)

Respondent Business Name *USAP underground* *Respondent Contact Name
DEN BACON

*Respondent Address *9355 Parkview* *Respondent City
Roseville *Respondent State
MN *Respondent Zip
55107

*Respondent Mobile Number *651 493 3744* Respondent Email

I AFFIRM THE INFORMATION ON THIS FORM, AND ATTACHED DOCUMENTS, ARE TRUE AND CORRECT

*Complainant Signature OR typed signature Printed/Typed Name of Complainant
Rebecca J. Cassidy

Follow-up: The Minnesota Department of Labor and Industry will review the complaint and contact both parties for further information and possible conflict resolution. You will be notified either by email, mail, or phone of any actions taken by the department. For more information on the complaint process, visit the department's website at: <https://www.dli.mn.gov/workers/homeowners/file-complaint-and-view-enforcement-actions>

AUTHORIZATION FOR RELEASE OF INFORMATION REGARDING COMPLAINT

Your name and other identifying information contained in your complaint are not public. This information will not be voluntarily shared with the subject of the complaint by the Department of Labor and Industry during its investigation unless you specifically authorize the department to do so. The information you provide may also be released to others who have authority to review it, including other individuals within the Department, the Minnesota Attorney General's office, state and federal agencies, law enforcement, courts and the legislative auditor. While you are not required to provide this authorization, failure to do so may impact the ability of the department to fully investigate your complaint.

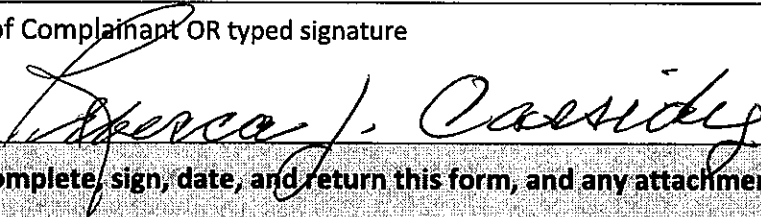
Do you authorize the department to share your name and the facts contained in your complaint with the subject of your complaint?

Please check Yes or No:

YES. I hereby authorize the Department of Labor and Industry to release my name as the complainant to the subject of the complaint for purposes of furthering the underlying investigation. I also authorize the Department of Labor and Industry to release to the subject of the complaint a copy of my complaint and the facts contained therein as the department deems necessary to assist in furthering the course of the investigation.

NO. I do not authorize the Department of Labor and Industry to release my name as the complainant, or a copy of the complaint, to the subject of the complaint. I understand that the department may or may not conduct an investigation of the matter but will not identify me as the source of the complaint or release a copy of my complaint to the subject of the complaint. I further understand that this may limit the extent of the department's investigation and may impact the outcome of the investigation.

*Signature of Complainant OR typed signature



*Printed Name



Please complete, sign, date, and return this form, and any attachments by email, fax, or mail:

- ✓ Email: DLI.Contractor@state.mn.us
- ✓ Fax: 651-284-5746
- ✓ Mail: MN Dept. of Labor and Industry, CCLD – Enforcement Services, 443 Lafayette Rd. No., St. Paul, MN 55155

If you have any questions, please call (651) 284-5069.

City of Saint Paul Sewer Assessment Program

Application for Sewer Assessment

As owner of the property listed below, I have reviewed the Sewer Assessment Program instructions and agree to the following terms and conditions:

Administration Fee: I will be charged a one-time fee of \$60.00 for administration, which will be included in the cost assessed against my property.

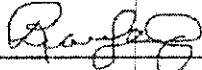
Payback period: Cost of work performed, administrative fees, and interest will be collected through my real estate taxes over a twenty-year period. Interest charges will be based on the fixed rate approved by the Saint Paul City Council and is subject to change without notice. The current rate is 4.48%. I may pay the unpaid balance in full at any time during this twenty-year period, without penalty.

Waiver of Appeal: **I AGREE TO WAIVE MY RIGHT TO APPEAL THIS ASSESSMENT. I AGREE TO SIGN AND SUBMIT THE REPAIR COMPLETION FORM PROMPTLY UPON COMPLETION OF MY SEWER REPAIR WORK. THE CITY WILL NOT BE RESPONSIBLE FOR ANY CHARGES THE LICENSED SEWER CONTRACTOR MAY LEVY FOR FAILURE TO RECEIVE PAYMENT PROMPTLY DUE TO THE PROPERTY OWNER NOT SUBMITTING ALL REQUIRED DOCUMENTS ON TIME.**

Damage Awards: If the work performed was necessitated by damage resulting from the actions of another party, and I collect compensation from that party, I agree to apply the full amount collected towards the unpaid balance of the assessment.

Property Address: 944 Cromwell Ave
(Location where work will be performed)

Owner's Name (print): Rebecca Cassidy

Owner's Signature: 

Owner's Address: _____
(If different from property address)

Telephone Number: 651-815-7725

Date: 6/22/23

Please return this completed "Application for Sewer Assessment" form, and at least one (preferably three) contractor bids to:

St. Paul Sewer Utility
700 City Hall Annex
25 W 4th St
St. Paul, MN 55102

May also be faxed or emailed.
Fax number: 651-298-5621
Email address: PW-SewerAssessment@ci.stpaul.mn.us

If you are not delinquent on your property taxes, you are eligible to use the program. Please call Sewer Utility at (651) 266-6234 for questions.

City of Saint Paul Sewer Assessment Program

Repair Completion Form

TO BE FILLED OUT BY PROPERTY OWNER ONLY

(Call 651-266-6234 if you have questions)

Request for Assessment: I request that the Sewer Utility pay the attached invoice of \$ 6000 because sewer repair work has been completed to my satisfaction.

Property Address: 944 Cromwell ave
(Location where work was performed)

Owner's Name (print): Rebecca Cassidy

Owner's Signature: *Rebecca Cassidy*

Owner's Address: _____
(If different from property address)

Owner's Telephone Number: 651-815-7725

Date work was performed: 6/23/23

Name of Company who performed the work: ASAP Underground

Address of Company who performed the work: 2355 Fairview Ave
Suite 371 Roseville 55107

Phone number of company who performed the work: 651-493-3744

I understand that the costs of this work will be assessed against my property and that the City does not warrant the work done by my contractor. I further understand that contractual relationships between property owners and contractors do not include the City and so questions relating to the work done must be directed to my contractor.

Administration Fee: I understand that the assessed charge against my property for this work will include a one-time fee of \$60.00 to process this assessment.

Payback period: I understand that the contractor's cost, the City administrative fee, and interest charges will be collected through real estate taxes over a twenty-year period. Interest charges will be based on the fixed rate approved by the Saint Paul City Council and is subject to change without notice. The current rate is 4.48%. I also understand that I may pay the unpaid assessed balance in full at any time during this twenty-year period without penalty.

Waiver of Appeal: As owner of the property listed below, I agree to waive my right to appeal this assessment.

Please return this filled out form, along with a copy of the contractor's final invoice to:

St. Paul Sewer Utility,
700 City Hall Annex,
25 W. 4th St.
St. Paul, MN 55102.

May also be faxed or emailed:
Fax number: 651-298-5621; Email address:
PW-SewerAssessment@ci.stpaul.mn.us

Revised 2/27/2023

ok to pay
\$6000
7/10/23
LM

City of Saint Paul Sewer Assessment Program

Waiver of Mechanics' Lien Rights

(TO BE FILLED OUT BY LICENSED SEWER CONTRACTOR)

On receipt of payment of \$ 6000⁰⁰ from the City of Saint Paul's Sewer Assessment Program on behalf of the property owner as full and final payment for all labor, skill and material furnished to effect construction work at the property address mentioned below, the Undersigned hereby waives all rights acquired by the Undersigned to file or record mechanic's liens against property for labor, skill or material furnished to effect construction work at the property address.

(If this instrument is executed by a corporation it must be signed by an officer, and if executed by a partnership, it must be signed by a partner)

Property Address: 944 Cromwell Ave
(Location where work was performed)

Property Owner's Name: Rebecca Cassidy

Date of repair: 6-23-23

Name (print): DAN BACON

Signature: Dan Bacon

Title: EXCAVATION MANAGER

Company Name: ASAP Underground

Address: 2355 Fairview Ave #371
Roseville, MN 55113

All lines need to be filled in.

Please return this "Lien Waiver", and a copy of your final invoice to:
St. Paul Sewer Utility, 700 City Hall Annex, 25 W. 4th St., St. Paul, MN 55102.
May also be faxed or emailed.

Fax number: 651-298-5621
Email address: PW-SewerAssessment@ci.stpaul.mn.us

Please call (651) 266-6234 if you have questions.

Revised 4/12/2021

STAMP - Ownership / Zoning Information

[New Search](#)

[Help using this report](#)

Run Date: 07/10/23 09:49 AM

House#: 944

Last updated from Ramsey County data on:

Street Name: cromwell

Click on "Other Application" links below to access GISmo, MapIT, and Ramsey County Info

944 Cromwell Ave - 55114-1123 - [Other Applications](#)

PIN: 292923310016

Census Track: 31900

Census Block: 2030

Council Ward: 4 **District Council:** 12

Year Built: 1898

Foundation Sq

Loan Company:

Land

Building

Feet: 2000

Value: 107100

Value: 134400

Existing Primary Use: R-Duplex

Legality of Use: Legal Non-Conforming

Occupancy Group Type:

Units: 2

Zoning: R4

Legal Desc: ST ANTHONY PARK ADDITION LOT 5 BLK 76

Owner:

Rebecca J Monsoor-Cassidy Tr
944 Cromwell Ave
St Paul MN 55114-1123

Tax Owner:

Rebecca J Monsoor-Cassidy Tr
944 Cromwell Ave
St Paul MN 55114-1123

Homesteader:

Rebecca J Cassidy D
944 Cromwell Ave
St Paul MN 55114-1123

* Disclaimer: Homesteader data is only updated by Ramsey County AS OF THE BEGINNING OF THE CALENDAR YEAR. So this may not be the current homesteader.



651.493.3744 • 2355 Fairview Avenue • Suite 371 • Roseville, MN 55113

INVOICE #		16485	
EST DATE	6/22/23	WORK DATE	
ESTIMATOR	Grant	TECH	
ORIGIN	Nextdoor	TECH	

// JOB ADDRESS //				// BILLING ADDRESS //			
NAME Rebecca Cassidy				NAME Cassidy 364@gmail.com			
ADDRESS 944 Cromwell Ave				ADDRESS			
CITY St Paul		STATE MN	ZIP 55114	CITY		STATE	ZIP
PHONE 651-815-7725		FAX/EMAIL		PHONE		FAX/EMAIL	

WORK AUTHORIZATION: I, the undersigned, am the owner/authorized representative of the premises at which the work above is being performed. I understand that I have options. I have the option to repair a portion of the sewer line or to "replace" the entire line (CIPP liner). I also have the option of auguring by the hour without guarantee of success or to not proceed with any option. I hereby authorize the performance of the recommended work for the price quoted and to use such labor and materials as deemed advisable. Unless previously authorized for billing, payment for all work performed is due upon completion. I agree that upon any default by the undersigned in payment or performance of any obligations hereunder, ASAP UNDERGROUND may, in addition to all other rights, powers and remedies provided under this contract and by law, accelerate all or any part of the total unpaid balance herein and as permitted by law and sue for the same. ASAP UNDERGROUND's rights and remedies are concurrent, cumulative and in addition to those provide by law. If any payment is not made when due, ASAP UNDERGROUND may suspend work on the job until such time as all payments have been made. In the event that any collection enforcement action or proceeding brought in connection with the contract, ASAP UNDERGROUND shall be entitled to recover its cost and reasonable attorney fees. In the event an invoice is not paid in full, an interest rate of 18% per annum will be imposed. I understand that aged, deteriorated, inferior pipes and or fixtures may be damaged in the process of performing the requested task including any drain cable that may become "stuck" in any drain line for ANY reason, I agree to indemnify ASAP UNDERGROUND or any affiliate or subcontractor for any damages to person or property as a result of performing the requested task. Any warranty expressed or implied does not cover damage to property in the present or future, including but not limited to settling soil, concrete or asphalt. Excavation work excludes, unless otherwise stated, restoration of: landscape of any kind, for any reason, retaining walls, any private concrete or asphalt for any reason, even in the case of cracking due to heavy equipment, repair of any private utilities. Repair or replacement of any water line (galvanized pipe leaking or not) or sewer line (Orangeburg pipe), required by city inspectors or city code, shall be at the undersigned's expense. Sewer repair work of any kind does not guarantee that said sewer line won't ever back up again or that 100% of said pipe or system is in good condition.

I have thoroughly read the "Work Authorization" & "Exclusions" above. I hereby authorize you to proceed with the services described below for the amount of \$ 6,000 Signature: Rebecca J. Cassidy Print Name: Rebecca J. Cassidy

Spot repair in external sewer.	PRICE <input checked="" type="checkbox"/>
-Excavate yard/BLUD to replace up to 8ft of pipe. Clean, inspect and backfill.	6,000.
- Includes all Permits and inspection.	
- Excludes grass/landscape, concrete work (sidewalk)	
conflicts with other utilities or complication due to unstable soil.	
Repair does not guarantee the rest of your sewer is in 100% good condition.	

I HAVE READ AND ACKNOWLEDGE THE EXCAVATION EXCLUSIONS.

<input type="checkbox"/> Pre-Approved Financing Terms:	DISCOUNT
PAYMENT: Cash <input type="checkbox"/> Check <input type="checkbox"/> Check #: _____	SUBTOTAL <u>6,000</u>
Visa/MC/Disc <input type="checkbox"/> Amex <input type="checkbox"/> Financing <input type="checkbox"/> Auth: _____	TAX
Last 4 Digits: _____ Exp: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	TOTAL COST <u>6,000</u>

ACCEPTANCE OF WORK PERFORMED: I acknowledge satisfactory completion of the above described work and that the premises has been left in satisfactory condition. I understand that if my check does not clear, I am liable for the check and any charges from the bank. I agree to pay 1.75% per month for past due contracts (minimum charge \$15). In the event that collection efforts are initiated against me, I shall for all associated fees at the posted rates as well as all cost of collection fees and reasonable attorney fees. I agree that the amount set forth in the space marked "TOTAL COST" is the total flat price I have agreed to.

CUSTOMER SERVICE IS OUR #1 FOCUS
If you are not completely satisfied for any reason, please call and ask to speak with Customer Service Manager. Your feedback is very important to us.
THANK YOU FOR CHOOSING US FOR YOUR SERVICE NEEDS!

Signature: _____

To: President Blendemann
 and council members
 Meeting OCT 11, 23 Item 36
 From: Rebecca J. Monsoor-Cassidy
 item 36
 944 Cromwell Ave
 St. Paul, MN 55114

Regarding: Forged Application
 for Sewer Assessment
 see PDF which includes

1. SEWER Assessment complaint ~~to~~
 Dept of Labor & Industry
2. Forged application for
 Sewer Assessment.
 - a) note 1st forged signature Rolls
 all together

with a space and
 leans to the right.

2. Enclosed is a
 true and valid min.
 License.

3. Repair Completion Forms
 is to be filled out by
 Property owner only.
 Dan Bacon the supervisor
 for asap filled out
 this form.

a) I have never met
 Dan Bacon and
 would never have
 filled this form
 out and I have

B. second forged signature
 has breaks between names

C. Forged signatures are
 up and down directed
 My true signature
 starts to the right.

D. Original signatures
 can be found on
 the Sales contract
 and my drivers (enclosed)
 license to verify
 Right starting
 signatures.

E. see original signature
 on DOL complaint
 each name is separated

never seen it or
 had it presented to
 me by Dan Bacon
 of ASAP under any
 nor did I provide an
 authorization for
 this form to be
 submitted to the city.

4) Enclosing the application
 for Sewer Assessment
 requires in bold font,
 that property taxes be
 paid in full and not
 delinquent to use the
 Sewer Assessment
 program.

Thank you for
this opportunity
to present these
true and correct
facts, as outlined
for discussion
of line item 36.

Respectfully
Submitted,
Rebecca J. Cassidy

661 315 7725

Cassidy364@gmail
com

m MINNESOTA
USA

**DRIVER'S
LICENSE**

NOT FOR FEDERAL IDENTIFICATION



1 **CASSIDY**
2 **REBECCA JANE**
8 **944 CROMWELL AVE**
SAINT PAUL, MN 55114-1123

4d DL# **H838-059-039-019** 4a ISS **07/01/2022**
3 | DOB **04/29/**~~██████████~~ 4b EXP **04/29/2025**
9 CLASS **D** 9a END **NONE** **SENIOR**
12 RESTR **2**

Minnesota
DONOR
15 SEX **F** 17 WGT ~~██████████~~
16 HGT **5'-04"** 18 EYES **GRN**

Rebecca Jane Cassidy

5 | DD **00000006457351**

04/29/52

