Repair Completion Form

TO BE FILLED OUT BY PROPERTY OWNER ONLY (Call 651-266-6234 if you have questions)

Request for Assessmen	The same of the sa		
1 Tables Men	because sewer repair work has been completed to my satisfaction.		
	Property Address: 2/4/2 Minchable ave East	+	
	Owner's Name (print): tennifer Adams		
ok to pay	Owner's Signature: Lennifer Adams		
\$7077	Owner's Address:		
6-10-24	(If different from property address)		
LM	Owner's Telephone Number: $\frac{1}{2}$ (651) $\frac{1}{2}$ 755 -3 479		
	Date work was performed: L-5-24		
	Name of Company who performed the work: Omnercial Utility	12	
	Address of Company who performed the work: 1146 East 7th St.		
	81. land, MW 55106		
	Phone number of company who performed the work: 1051-116-60	PT	
	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 each year and is subject to change without notice (for more information regarding the interest rate, please call 651-266-6234). 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		
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.	Fax number: 651-298-5621; Email address:		
25 W. 4th St.	PW-SewerAssessment@ci.stpaul.mn.us		
St. Paul, MN 55102.			
May also be faxed or emaile	d: Revised 4/11/24		

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 \$ 9973 because sewer repair work has been completed to my satisfaction.	
	Property Address: 405 Brainerd Ave (Location where work was performed)	
ok to pay \$9973 6-10-24	Owner's Name (print): Peter Xiong	
	Owner's Signature:	
LM	Owner's Address: (If different from property address)	
	Owner's Telephone Number: <u>651-428-6581</u>	
	Date work was performed: 5/20/24	
	Name of Company who performed the work: $\frac{2}{5720}$ under ground Address of Company who performed the work: $\frac{5720}{1000}$ International	
	Address of Company who performed the work: 5720 International	
	Pring New Hope, MN, 55428	
	Phone number of company who performed the work: 612 - 977 - 302 3	
	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 each year and is subject to change without notice (for more information regarding the interest rate, please call 651-266-6234). 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 above, I agree to waive my right to appeal this	

Repair Completion Form

TO BE FILLED OUT BY PROPERTY OWNER ONLY

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

Request for Assessment:

APPROVED

By Len at 10:35 am, Jun 24, 2024

ok to pay

\$9000

I request that the Sewer Utility pay the attached invoice of \$ 9,000 because sewer repair work has been completed to my satisfaction.

Property Address: 646 Ohio Street
(Location where work was performed)

Owner's Name (print): Josh Harbert

Owner's Signature: All

Owner's Address:

(If different from property address)

Owner's Telephone Number: 612-325-8604

Date work was performed: 5/28/24

Address of Company who performed the work: USS Hardman Ave

Name of Company who performed the work: Bonfe

South Saint Paul, MN 55075

Phone number of company who performed the work: 651-240-6871

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 each year and is subject to change without notice (for more information regarding the interest rate, please call 651-266-6234). 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 4/11/24

For the most recent and updated documents, please visit the City of Saint Paul Sewer (Milley Websits at Saver Littley Division | Saint Paul Minnesots (stead, gov)

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 \$ 7,232 bl because sewer repair work has been completed to my satisfaction.	
	Property Address: 685 McKnight NGS St Paul NW 55119 (Location where work was performed)	
PPROVED y Len at 12:09 pm, Jun 24, 2024	Owner's Name (print): Moka Vang Owner's Signature: Moka Vang	
	Owner's Address: (If different from property address)	
ok to pay \$7232 LM	Owner's Telephone Number: 7[5-631-5312 Date work was performed: 5/23/24	
<i>x</i>	Name of Company who performed the work: ROTO ROTER Address of Company who performed the work: 14530 27th 1900 N	
	Plymown, MN 55447 Phone number of company who performed the work: 763-567-2022	
•	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 each year and is subject to change without notice (for more information regarding the interest rate, please call 651-266-6234). I also understand that I may pay the unpaid assessed	
Waiver of Appeal:	balance in full at any time during this twenty-year period without penalty. As owner of the property listed above, I agree to waive my right to appeal this	

City of Saint Paul Sewer Assessment Program

APPROVED

By Len at 3:47 pm, Jul 03, 2024

Repair Completion Form

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ok to pay \$7500	(Call 651-266-6234 if you have questions)
Request for Assessment:	I request that the Sewer Utility pay the attached invoice of \$
	Property Address:(Location where work was performed)
	Owner's Name (print):
	Owner's Signature:
	Owner's Address: (If different from property address)
	Owner's Telephone Number:
	Date work was performed:
	Name of Company who performed the work:
	Address of Company who performed the work:
	Phone number of company who performed the work:
	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 each year and is subject to change without notice (for more information regarding the interest rate, please call 651-266-6234). 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 above, I agree to waive my right to appeal this

APPROVED

By Len at 3:58 pm, Jul 03, 2024

Repair Completion Form

ok to pay (Coll 65) 266 (224)

\$8833.75

Request for	Assessment
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I request that the Sewer Utility pay the attached invoice of \$ 8833.75 because sewer repair work has been completed to my satisfaction. Property Address: 1867 Glen Terrace St Paul MN 55116 (Location where work was performed) Owner's Name (print): Thomas Johnson Owner's Signature: Owner's Address: (If different from property address) Owner's Telephone Number: 651-699-5547 Date work was performed: 05/24/2024 Name of Company who performed the work: Hero Address of Company who performed the work: 10900 Hampshire Ave s #120 Minneaplois Mn 55438 Phone number of company who performed the work: 612-827-4674 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 (for more information regarding the interest rate, please call 651-266-6234). 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:

St. Paul JUN 27 2024 Fax number: 651-298-5621; Email address: PW-SewerAssessment@ci.stpaul.mn.us

Revised 6/5/23

Sewer

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For the most recent and updated documents, please visit the City of Saint Paul Sewer Utility Website at Sewer Utility Division | Saint Paul Minnesota (stpaul.gov)

City of Saint Paul Sewer Assessment Program

APPROVED

By Len at 3:40 pm, Jul 03, 2024

Waiver of Appeal:

Repair Completion Form

ok to pay \$13500

DE EULED OUT DU DOODERTY OWNED ONLY

p ay TO	(Call 651-266-6234 if you have questions)
Request for Assessment:	I request that the Sewer Utility pay the attached invoice of \$ 13,500 because sewer repair work has been completed to my satisfaction.
	Property Address: 2027 Workester WE 151 part MN 55/16 (Location where work was performed)
	Owner's Name (print): LYKAS NOCO
	Owner's Signature:
	Owner's Address: (If different from property address)
	Owner's Telephone Number: 651-491-295
	Date work was performed: 5-6-2024
	Name of Company who performed the work: ROTO ROOTER
	Address of Company who performed the work: 14530 27" AUE Noat H
	Minneapolis, MN 55 447 - 4804
	Phone number of company who performed the work: 763 - 519 -3977
	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 each year and is subject to change without notice (for more information regarding the interest rate, please call 651-266-6234). I also understand that I may pay the unpaid assessed balance in full at any time during this twenty-year period without penalty.

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

assessment.

As owner of the property listed above, I agree to waive my right to appeal this

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 \$ 4285.25 because sewer repair work has been completed to my satisfaction.
	Propert 322s: Winona Street West St. Paul
	(Location where works 15 15 10 17 10 10 10 10 10 10 10 10 10 10 10 10 10
	Owner's Name (print): Emily Lobitz
ok to pay	Owner's Signature: Emily Lobits
\$4285.25 6-3-24 LM	Owner's Address: (If different from property address)
	Owner's Telephone Number: 6512149942
	Date work was performed: 5/20/24
	Name of Company who performed the work: Dean's
	Address of Company who performed the work: 7400 KIRKWOOD
	ct, maple grove,
	Phone number of company who performed the work: 7633438966
	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 each year and is subject to change without notice (for more information regarding the interest rate, please call 651-266-6234). 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 above, I agree to waive my right to appeal this assessment.

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)

	(Our OST 200 0254 II you have questions)	
Request for Assessment:	I request that the Sewer Utility pay the attached invoice of \$ 9980.00 because sewer repair work has been completed to my satisfaction.	
	Property Address: 952 Goodrich ave (Location where work was performed)	
	. ,	
	Owner's Name (print): Sam Dorr	
	Owner's Signature: Sam Dour (May 17, 2024 10:06 CDT)	
ok to pay	Owner's Address: 952 Goodrich Ave	
\$9980	(If different from property address)	
6-3-24 LM	Owner's Telephone Number: 612-414-8578	
	Date work was performed: 3/25/24	
	Name of Company who performed the work: Brothers Underground	
	Address of Company who performed the work: 16935 58th st NE	
	Otsego mn 55330	
	Phone number of company who performed the work:	
	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 each year and is subject to change without notice (for more information regarding the interest rate, please call 651-266-6234). 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 above, I agree to waive my right to appeal this	

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

assessment.

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 \$ \left \(\begin{aligned} \left \left \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	Property Address: 2327 Gordon Arenue 55(08) (Location where work was performed)		
	Owner's Name (print): Aura Graber		
ok to pay	Owner's Signature: Oxfel		
\$16329 6-3-24	Owner's Address: (If different from property address)		
LM	Owner's Telephone Number: 203 - 759 - CStol		
	Date work was performed: 5/28/24		
	Name of Company who performed the work: Rofo-Porfer		
	Address of Company who performed the work: 14530 27th Ave N		
	Plymouth, MN 55447		
	Phone number of company who performed the work: 767-567-2002		
	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 each year and is subject to change without notice (for more information regarding the interest rate, please call 651-266-6234). 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 Appeai:	As owner of the property listed above, I agree to waive my right to appeal this assessment.		

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 \$_21975.72_because sewer repair work has been completed to my satisfaction.		
ok to pay	Property Address: 540 Hamline Ave S		
	(Location where work was performed)		
	Owner's Name (print): Tom Smith		
	Owner's Signature: Thomas E Smith (May 29, 2024 11:25 CDT)		
	Owner's Address: 66 9th St East Unit 2506 St. Paul, MN 55101 (If different from property address)		
\$21975.72	Owner's Telephone Number: 612 804-3526		
6-3-24 LM	Date work was performed: 3/29/24		
	Name of Company who performed the work: Brothers Underground		
	Address of Company who performed the work:16935 58th st NE		
	Otsego, MN 55316		
	Phone number of company who performed the work:		
	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 each year and is subject to change without notice (for more information regarding the interest rate please call 651-266-6234). 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 o	ut form, along with a copy of the contractor's final invoice to:		
St. Paul Sewer Utility.	Fax number: 651-298-5621: Email address:		

700 City Hall Annex, 25 W. 4th St. St. Paul, MN 55102. May also be faxed or emailed:

PW-SewerAssessment@ci.stpaul.mn.us

Revised 4/11/24

City of Saint Paul Sewer Assessment Program

APPROVEDBy Len at 1:43 pm, Jul 01, 2024

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 \$ 20,866.65 because sewer repair work has been completed to my satisfaction.		
ok to pay \$20,866.65	Property Address: 146 Lexington Pkwy S, St Paul, MN 55105 (Location where work was performed)		
	Owner's Name (print): Zoë Odegard		
	Owner's Signature: Loie Olegun		
	Owner's Address: (If different from property address)		
	Owner's Telephone Number: 651-757-5143		
	Date work was performed: 05/22/2024 and 05/29/2024		
	Name of Company who performed the work: Dean's Home Services		
	Address of Company who performed the work: 6701 Parkway Circle #600		
	Brooklyn Center, MN 55430		
	Phone number of company who performed the work: 763-428-1321		

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 each year and is subject to change without notice (for more information regarding the interest rate, please call **651-266-6234**). I also understand that I may pay the unpaid assessed balance in full at any time during this twenty-year

Waiver of Appeal:

period without penalty.

As owner of the property listed above, I agree to waive my right to appeal **Please return this filled out:** first as along with a copy of the contractor's final invoice to:

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 \$ 904.45

because sewer repair work has been completed to my satisfaction.

1042 Wakefield Ave St Paul, MN 55106 Property Address:

(Location where work was performed)

Owner's Name (print): Barbara Monaco

APPROVED By Len at 2:06 pm, Jul 01, 2024

ok to pay \$904.45

Owner's Signature: Z

Owner's Address:

(If different from property address)

Owner's Telephone Number: (515) 770-6337

Date work was performed: 6/24/2024

Name of Company who performed the work: Ouverson Sewer & Water

Address of Company who performed the work: 5717 International Pkwy

New Hope, MN 55428

Phone number of company who performed the work: (612) 751-6888

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 (for more information regarding the interest rate, please call 651-266-6234). 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.

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

Revised 6/5/23

May also be faxed or emailed:

City of Saint Paul Sewer Assessment Program

APPROVED By Len at 1:49 pm, Jul 01, 2024

Repair Completion Form

ok t	o pa	y \$68	65.00

	(Call 651-266-6234 if you have questions)
ok to pay \$6865.00	
Request for Assessment:	I request that the Sewer Utility pay the attached invoice of \$ 6,865,00 because sewer repair work has been completed to my satisfaction.
	Property Address: 1413 Fair mount Ave. St. Paul, MN 55105
to the factor and the budge	(Location where work was performed)
	Owner's Name (print): Mic9h Mer/itt
	Owner's Signature:
THE RESIDENCE OF THE PARTY OF THE	Owner's Address:
	(If different from property address)
	Owner's Telephone Number: 605-691-5071
	Date work was performed: $6-26-2024$
	Name of Company who performed the work: Ouverson Siewer Water
	Address of Company who performed the work:
	5717 International Partney New Hope, MN 55428
	Phone number of company who performed the work: 612 - 751-6888
	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.
	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.
	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 each year and a subject to change without notice (for more information regarding the interest rate, blease call 651-266-6234). I also understand that I may pay the unpaid assessed balance in full at any time during this twenty-year period without penalty.
Vaiver of Appeal:	As owner of the property listed above, I agree to waive my right to appeal this

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

assessment.

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)

I request that the Sewer Utility pay the attach

1907 St. C lair

APPROVED

By Len at 3:49 pm, Jul 01, 2024

ok to pay \$9508

work was performed) BENJAMIN GOETZHE Owner's Name (print):

Owner's Signature:

Owner's Address:

(If different from property address)

Owner's Telephone Number: × 612. 406.0519

Date work was performed: Name of Company who performed the work:

Commercial Wilities, Dec

Address of Company who performed the work: 1146 East 7th ST.

Phone number of company who performed the work:

651-226-6891 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

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.

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.

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 each year and is subject to change without notice (for more information regarding the interest rate, please call 651-266-6234). 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 above, I agree to waive my right to appeal this

APPROVED

By Len at 10:21 am, Jul 22, 2024

f Saint Paul Sewer Assessment Program

ok to pay \$39500

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 \$ 39,500 because sewer repair work has been completed to my satisfaction.
	Property Address: 441 OSCEOUA AVES (Location where work was performed)
	Owner's Name (print): ANNA POTH BLUMFIELD
	Owner's Signature: Amafath Bliffeld
	Owner's Address: V/A (If different from property address)
	Owner's Telephone Number: 651-280-0181
	Date work was performed: 6/19-6/19/2024
	Name of Company who performed the work: MARSERVICES
	Address of Company who performed the work: 27498 OLINDA TR
	LINDSTROM, MN 55045
	Phone number of company who performed the work: 651-900 - 9704
	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

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.

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.

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 each year and is subject to change without notice (for more information regarding the interest rate, please call 651-266-6234). 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 above, I agree to waive my right to appeal this assessment.

APPROVED By Len at 9:35 am, Jul 22, 2024

For the most recent and updated documents, please visit the City of Saint Paul Sewer Utility Website at Sewer Utility Division | Saint Paul Minnesota (stpaul.gov)

ok to pay \$9995

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 \$ 995.00 because sewer repair work has been completed to my satisfaction.
	Property Address: 663 Sewrey Ave (Location where work was performed)
	Owner's Name (print): AI THAO
	Owner's Signature: Kas That
	Owner's Address: 663 Sawrey Ave (If different from property address)
	Owner's Telephone Number: 651 270 3502
	Date work was performed: 7-10-2024
	Name of Company who performed the work: Roto-Rooter
	Address of Company who performed the work: 14530 27th Aug
	Minneapolis MN 55447
	Phone number of company who performed the work: 1800 - 438 768
	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 each year and is subject to change without notice (for more information regarding the interest rate, please call 651-266-6234). 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 above, I agree to waive my right to appeal this assessment.

City of Saint Paul Sewer Assessment Program

APPROVED

By Len at 9:45 am, Jul 22, 2024

Repair Completion Form

TO BE FILLED OUT BY PROPERTY OWNER ONLY

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

Request for Assessment:	because sewer repair work has been completed to my satisfaction.
ok to pay	Property Address: 726 Cottage Are E. St Paul MN SSI (Location where work was performed)
\$1500	Owner's Name (print): Analy + Ann Bosst
	Owner's Signature:
	Owner's Address: 9me
	(If different from property address)
	Owner's Telephone Number: 671-269-3884
	Date work was performed: 7/16/24
	Name of Company who performed the work: M+B Services
	Address of Company who performed the work: 27498 Olinda Trai
	Lindstrom, MN 55045
	Phone number of company who performed the work: 651-900-9704
	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 each year and is subject to change without notice (for more information regarding the interest rate.

Waiver of Appeal:

As owner of the property listed above, I agree to waive my right to appeal this assessment.

please call 651-266-6234). I also understand that I may pay the unpaid assessed

balance in full at any time during this twenty-year period without penalty.

APPROVED

By Len at 10:26 am, Jul 22, 2024

Repair Completion Form

ok to pay \$81

TO BE FILLED OUT BY PROPERTY OWNER ONLY

163.14	(Call 651-266-6234 if you have questions)
Request for Assessment:	I request that the Sewer Utility pay the attached invoice of \$ 2,163.14 because sewer repair work has been completed to my satisfaction.
	Property Address: 1545 Barclay Street, St. Paul 55106 (Location where work was performed)
	Owner's Name (print): Kao Yang, Nang Lee
	Owner's Name (print): Kao Yang, Nang Lee Owner's Signature: Las Jry Mall
	Owner's Address: (If different from property address)
	Owner's Telephone Number: 651-460-0123
	Date work was performed: 7/11/2024
	Name of Company who performed the work: Mr. Rooter
	Address of Company who performed the work:
	5155 East River Rd, Suite 418, Fridley MN 55421
	Phone number of company who performed the work: 763-551-0555
	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 each year and is subject to change without notice (for more information regarding the interest rate, please call 651-266-6234). 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 ou	at form, along with a copy of the contractor's final invoice to:
St. Paul Sewer Utility, 700 City Hall Annex, 25 W. 4th St.	Fax number: 651-298-5621; Email address: PW-SewerAssessment@ci.stpaul.mn.us
St. Paul, MN 55102. May also be faxed or emai	Revised 4/11/24

APPROVED

By Len at 10:13 am, Jul 22, 2024

ok to pay \$9500

For the most recent and updated documents, please visit the City of Saint Paul Sewer Utility Website at Sewer Utility Division | Saint Paul Minnesota (stpaul.gov)

City of Saint Paul Sewer Assessment Program

Repair Completion Form

TO BE FILLED OUT BY PROPERTY OWNER ONLY

	(Call 651-266-6	234 if you have questions)	
Request for Assessment:		er Utility pay the attached invoice of \$_work has been completed to my satisfact	9500.00
	Property Address:	1818 Nismiska Ave E	
		(Location where work was performed)	
	Owner's Name (print):	Carsen Rodeback	
	Owner's Signature: _	Con Con	
	Owner's Address:	(If different from property address)	
·	Owner's Telephone Nu	1	2
	Date work was perform	ned: 4.26.24, 5-8-24	N.C. CO
	Name of Company wh	o performed the work: ASAP Under	ground (Provides)
	Address of Company v	who performed the work:	
	455 Ha	duran Ave S. , 55075	
	Phone number of comp	any who performed the work: 451 33	32 6633
	the City does not warr contractual relationship	osts of this work will be assessed against my ant the work done by my contractor. I furth s between property owners and contractors elating to the work done must be directed t	ner understand that do not include the
Administration Fee:		ssessed charge against my property for this 0 to process this assessment.	work will include
Payback period:	will be collected through will be based on the fix is subject to change with please call 651-266-62	ntractor's cost, the city administrative fee, a th real estate taxes over a twenty-year perio ed rate approved by the Saint Paul City Cou thout notice (for more information regarding 234). I also understand that I may pay the me during this twenty-year period without	d. Interest charges uncil each year and ag the interest rate, e unpaid assessed
Waiver of Appeal:	As owner of the propassessment.	erty listed above, I agree to waive my ri	ght to appeal this
Please return this filled or	ut form, along with a co	ppy of the contractor's final invoice to:	

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)

	(Can 651-266-6254 if you have questions)	
Request for Assessment:	I request that the Sewer Utility pay the attached invoice of \$ 5,041.67 because sewer repair work has been completed to my satisfaction.	
	Property Address: 646 Ohio Street	
APPROVED	(Location where work was performed)	
By Len at 9:45 am, Jun 17, 2024	Owner's Name (print): Josh Hasbert	
ok to pay \$5041.67	Owner's Signature: QAND	
Ψ3041.07	Owner's Address: (If different from property address)	
	Owner's Telephone Number: 612-325-8604	
	Date work was performed: 5/28/24	
	Name of Company who performed the work: Dean's Home Services	
	Address of Company who performed the work: 7400 Kitcoood Ct,	
	Maple Grove, MN 55369	
	Phone number of company who performed the work: 763-343-8966	
	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 each year and is subject to change without notice (for more information regarding the interest rate, please call 651-266-6234). 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 above, I agree to waive my right to appeal this assessment.	

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:	because sewer renair work has been completed to my satisfaction.
	Property Address: 752 Rose Ave Est Pavl. MN (Location where work was performed)
APPROVED By Len at 10:36 am, Jun 17, 2024	Owner's Name (print): Lizbel M Juran 4
als to mary	Owner's Signature: Lizbet M Duran &
ok to pay \$1480.85 LM	Owner's Address: Same (If different from property address)
	Owner's Telephone Number: (651) 325-9912
	Date work was performed: 13, 2024
	Name of Company who performed the work: Decur's Home Service
	Address of Company who performed the work: 601 PKWY Civ
	Stelloo Brooklyn (enter) Phone number of company who performed the work: 713.428.1321
	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 each year and is subject to change without notice (for more information regarding the interest rate, please call 651-266-6234). 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 above, I agree to waive my right to appeal this assessment.

APPROVED

By Len at 10:26 am, Jun 17, 2024

Gity of Saint Paul Sewer Assessment Program

Repair Completion Form

ok to pay \$2927 LM

TO BE FILLED OUT BY PROPERTY OWNER ONLY

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

	(and the second
Request for Assessment:	I request that the Sewer Utility pay the attached invoice of \$ 2, 22 because sewer repair work has been completed to my satisfaction.
	Property Address: 1115 Mary law ave. Eas + (Location where work was performed)
	Owner's Name (print): Whosiah Frazier
	Owner's Signature: X Which Form
	Owner's Address: (If different from property address)
	1 = 250
	Owner's Telephone Number: $2902-406-1383$
	Date work was performed: 6-10-29
	Name of Company who performed the work: Commercial Witte
	Address of Company who performed the work: 1146 East 7th S
	St Paul MW 5578 E
	Phone number of company who performed the work: 657-226-699
	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 each year and is subject to change without notice (for more information regarding the interest rate, please call 651-266-6234). 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 above, I agree to waive my right to appeal this assessment.

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 \$ 13,920 because sewer repair work has been completed to my satisfaction.
	Property Address: 1572 Sargent (Lucation where work was performed)
PPROVED	Owner's Name (print): Mary 1 Gits
y Len at 10:40 am, Jun 17, 2024	Owner's Signature: Man L- Gitt
·3	Owner's Address: 1572 Sargent Owc (If different from property address)
ok to pay \$13920	Owner's Telephone Number 651-443-6198
LM	Date work was performed: 5-23-24
3.	Name of Company who performed the work: Both Ws Underground
	Address of Company who performed the work: 1693 5 58th 54
	Ofsego, MN 55330
	Phone number of company who performed the work: 763516 S564
	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 (for more information regarding the interest rate, please call
	651-266-6234). 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 ou	at 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 6/5/23

City of Saint Paul Sewer Assessment Program

APPROVED

By Len at 9:22 am, Jun 17, 2024

Repair Completion Form

ok to pay \$9800

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 \$_\(\frac{\gamma\chi_0}{\chi}\cdot\chi_0\) because sewer repair work has been completed to my satisfaction.
	Property Address: 1985 445 St E St Paul 55119 (Location where work was performed)
	Owner's Name (print): Amy Emele Moley
	Owner's Signature:
	Owner's Address: (If different from property address)
	Owner's Telephone Number: 151-324-1203
	Date work was performed: U-13-24
	Name of Company who performed the work: M+B Services Tre
	Address of Company who performed the work: 27498 Dunda TT
	Lindstrom, MN 55045
	Phone number of company who performed the work: UTI-900-9704
	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 each year and is subject to change without notice (for more information regarding the interest rate, please call 651-266-6234). 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 above, I agree to waive my right to appeal this assessment.

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 \$ 8,700

because sewer repair work has been completed to my satisfaction.

2051 Fairmount Ave Saint Paul, MN 55105 Property Address:

(Location where work was performed)

Owner's Name (print): Brian Runzel

Brian Runzel Owner's Signature:

APPROVED

LM

By Len at 10:47 am, Jun 17, 2024

Owner's Address:

(If different from property address)

Owner's Telephone Number: 651-230-6778

ok to pay \$8700

Date work was performed: 6/6/2024

Name of Company who performed the work: Brothers Underground

Address of Company who performed the work: 16935 58th St

Otsego, MN 55330

Phone number of company who performed the work: 763-245-9960

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 (for more information regarding the interest rate, please call 651-266-6234). 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 6/5/23

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 \$	
	Property Address: (Location where work was performed)	
APPROVED By Len at 4:08 pm, Jul 15, 2024	(Location where work was performed)	
	Owner's Name (print):	
ok to pay \$9000	Owner's Signature:	
ψ, σσσσ	Owner's Address:(If different from property address)	
	(If different from property address)	
	Owner's Telephone Number:	
	Date work was performed:	
	Name of Company who performed the work:	
	Address of Company who performed the work:	
	Phone number of company who performed the work:	
	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 (for more information regarding the interest rate, please call 651-266-6234). 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.	
Di 4 41. CH I		

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.

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

St. Paul, MN 55102. Revised 6/5/23 May also be faxed or emailed:

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 \$ 9,981.53 because sewer repair work has been completed to my satisfaction.

APPROVED

By Len at 4:14 pm, Jul 15, 2024

Property Address: 753 Humboldt ST Paul mn 55107
(Location where work was performed)

Owner's Name (print): Charles Monze

Owner's Signature: Clls meg l

Owner's Address:

(If different from property address)

Owner's Telephone Number: 651-261-3724

Date work was performed: 5-9-2024

Name of Company who performed the work: DEAN'S

Address of Company who performed the work: 6701 Parkway Circle

600 Brooklyn Center Mn 55430

Phone number of company who performed the work: 763-428-132)

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 each year and is subject to change without notice (for more information regarding the interest rate, please call 651-266-6234). 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 4/11/24

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 \$ \frac{\$9870.83}{}\$ because sewer repair work has been completed to my satisfaction.
	Property Address: 874 Dayton Ave, Saint Paul, MN 55104
APPROVED By Len at 3:33 pm, Jul 15, 2024	(Location where work was performed) Owner's Name (print): Nash Edgerton Hall
	Owner's Signature: /s/ Nash Edgerton Hall
ok to pay \$9870.83	Owner's Address: (If different from property address)
	Owner's Telephone Number: 414-587-1418
	Date work was performed: June 3, 2024
	Name of Company who performed the work: Dean's Home Services
	Address of Company who performed the work: 6701 Parkway Circle #600 Brooklyn Center, MN55430
	Phone number of company who performed the work: 763-428-1321
	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 each year and is subject to change without notice (for more information regarding the interest rate, please call 651-266-6234). 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

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

assessment.

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

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

> > Revised 4/11/24

May also be faxed or emailed:

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 \$ 5993 because sewer repair work has been completed to my satisfaction.
	Property Address: 933 Payne GVE (Location where work was performed)
	Owner's Name (print): Moe Thida
APPROVED	Owner's Signature:
By Len at 3:40 pm, Jul 15, 2024	Owner's Address: 3007 Arcade st Little Canada 55109 (If different from property address)
	Owner's Telephone Number: 651-239-7789
ok to pay	Date work was performed: 7-9-24
\$5993	Name of Company who performed the work: Commer Cial Utilities
	Address of Company who performed the work: 1146 East 7th st. St. Paul, MN 55106
	Phone number of company who performed the work: 651-774-330
	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 each year and is subject to change without notice (for more information regarding the interest rate, please call 651-266-6234). 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 above, 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:

City of Saint Paul Sewer Assessment Program

APPROVEDBy Len at 3:25 pm, Jul 15, 2024

ok to pay \$4388

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 \$ 4388 because sewer repair work has been completed to my satisfaction.
	Property Address: 1623 Randolph (Location where work was performed)
	Owner's Name (print): Jason Nyquist
	Owner's Signature:
	Owner's Address:
	(If different from property address)
	Owner's Telephone Number: 612-385-5194
	Date work was performed:
	Name of Company who performed the work: [[[] www.c.a W;]; Lies,]
	Address of Company who performed the work: 114 le Eas + 7th St.
	ST. Paul, MW 55/106
	Phone number of company who performed the work: 451-226-689
	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.
	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 each year and is subject to change without notice (for more information regarding the interest rate, please call 651-266-6234). I also understand that I may pay the unpaid assessed balance in full at any time during this twenty-year period without penalty.

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)

	(Call 651-266-6234 if you have questions)
Request for Assessment:	I request that the Sewer Utility pay the attached invoice of \$\sqrt{530.00}\) because sewer repair work has been completed to my satisfaction.
	Property Address: 1697 Van Buch Avl. (Location where work was performed)
APPROVED By Len at 4:22 pm, Jul 15, 2024	Owner's Name (print): Sarah Be(Man-Young
	Owner's Signature:
ok to pay \$1530	Owner's Address: (If different from property address)
Ψ1550	Owner's Telephone Number: 157 - 216 - 6462
	Date work was performed: 9/25/24
	Name of Company who performed the work:
	Address of Company who performed the work: 3561 Arcade St.
	St. Paul MV 5512
	Phone number of company who performed the work: $651 - 246 - 3696$
	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 each year and is subject to change without notice (for more information regarding the interest rate, please call 651-266-6234). 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 above I garee to waive my right to appeal this

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

assessment.

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 \$ \frac{9,999.99}{2}\$ because sewer repair work has been completed to my satisfaction.
PPROVED y Len at 2:46 pm, May 28, 2024	Property Address: 403 michigan Street St Paul MN (Location where work was performed) 55102
y Len at 2:46 pm, may 26, 2024	Owner's Name (print): Dan Turn 6 v 4
ok to pay	Owner's Signature:
\$9,999.99	Owner's Address: (If different from property address)
	Owner's Telephone Number: 952.500.3487
	Date work was performed: 5/6/29 Name of Company who performed the work: Mr Rooter Plumbing
	Address of Company who performed the work: S155 East River R1
	Address of Company who performed the work.
	Address of Company who performed the work: Tyle Fridles MN 55421 Phone number of company who performed the work: 763 551 3555
	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 each year and is subject to change without notice (for more information regarding the interest rate, please call 651-266-6234). 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,	Fax number: 651-298-5621; Email address: PW-SewerAssessment@ci.stpaul.mn.us

Revised 4/11/24

25 W. 4th St.

St. Paul, MN 55102.

May also be faxed or emailed:

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 \$ \frac{900}{2}\$ because sewer repair work has been completed to my satisfaction.
	Property Address: 760 Neva da Ove, hu (4 (Location where work was performed)
ok to pay \$9462 5-29-24	Owner's Name (print): X Luda W. Melcher
	Owner's Signature: Owner's Address:
LM	(If different from property address)
	Owner's Telephone Number: X651-208-4991
	Date work was performed: 5-28-24
	Name of Company who performed the work: Commercial Utilities, The
	Address of Company who performed the work: 1146 East 7th St.
	ST-Paul MW55/86
	Phone number of company who performed the work: (05/- 226. 68%)
	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.
	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 each year and is subject to change without notice (for more information regarding the interest rate, please call 651-266-6234). 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 above, 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:

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 \$ 9,600	
	because sewer repair work has been completed to my satisfaction.	ĺ

Property Address: 86 Algonguin Ave 51 Paul MN 35119
(Location where work was performed)

Owner's Name (print): But Thomason

Owner's Signature:

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

Owner's Telephone Number: 952-212-8150

Date work was performed: 5-15-24

Name of Company who performed the work: M+B Services

Address of Company who performed the work: 27498 Olinda TRL

Lindstrom, MN 55045

Phone number of company who performed the work: 2651-900-9704

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 each year and is subject to change without notice (for more information regarding the interest rate, please call 651-266-6234). 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:

APPROVED

ok to pay

\$9600

By Len at 2:50 pm, May 28, 2024

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

Revised 4/11/24

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)

	(Can 031-200-0254 if you have questions)
Request for Assessment:	I request that the Sewer Utility pay the attached invoice of \$ 7,000 because sewer repair work has been completed to my satisfaction.
	Property Address: 945 N. Algorithm Ave (Location where work was performed)
ok to pay	Owner's Name (print): Auszin Mishler
\$7000 5-29-24 LM	Owner's Signature:
	Owner's Address: (If different from property address)
	Owner's Telephone Number: 952-393-3322
	Date work was performed: 5/10/2024
	Name of Company who performed the work: ROTO - ROOTS
	Address of Company who performed the work: 14530 27th Ave N Minuragolis, MN 5544
	Minuragolls, MN 5544
	Phone number of company who performed the work: 651-755-2705
	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 each year and is subject to change without notice (for more information regarding the interest rate, please call 651-266-6234). 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 above, I agree to waive my right to appeal this assessment.

For the most recent and updated documents, please visit the City of Saint Paul Sewer Utility Website at Sewer Utility Division | Saint Paul Minnesota (stpaul.gov)

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 \$ 22,949. because sewer repair work has been completed to my satisfaction.
APPROVED By Len at 3:14 pm, May 28, 2024	Property Address: 1591 Montana Ave. E (Location where work was performed)
ok to pay	Owner's Name (print): Jim Yang
\$22,949.16	Owner's Signature:
	Owner's Address: (If different from property address)
	Owner's Telephone Number: 651-274-0669
	Date work was performed: $\frac{5}{23}/24$
	Name of Company who performed the work: Mr. Roofer
	Address of Company who performed the work: 5755 East River
	unit 418, Fridley, MN 55412
	Phone number of company who performed the work: 6/2-217-0986
	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 each year and is subject to change without notice (for more information regarding the interest rate, please call 651-266-6234). 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 above, 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:

Repair Completion Form

TO BE FILLED OUT BY PROPERTY OWNER ONLY

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

Req	uest	for	Assessmen	t:

I request that the Sewer Utility pay the attached invoice of \$ because sewer repair work has been completed to my satisfaction

Property Address: 2074 Magnolia Ave E

(Location where work was performed)

APPROVED

By Len at 9:08 am, May 29, 2024

Owner's Name (print):

Owner's Signature:

Owner's Address:

(If different from property address)

ok to pay \$4399.50

Owner's Telephone Number: 651-216-5707

Date work was performed: 05/06/2024

Name of Company who performed the work: Commercial Utilities, Inc

Address of Company who performed the work: 1146 East 7th Street

St. Paul, MN 55106

Phone number of company who performed the work: 651-226-6891

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 (for more information regarding the interest rate, please call 651-266-6234). 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

Repair Completion Form

TO BE FILLED OUT BY PROPERTY OWNER ONLY

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

	1/ 200
Request for Assessment:	I request that the Sewer Utility pay the attached invoice of \$ 16,300 because sewer repair work has been completed to my satisfaction.
	Property Address: 955 BAYARD AVE (Location where work was performed)
	Owner's Name (print): SAAC BRIES
	Owner's Signature:
	Owner's Address: 955 Bayand Ave (If different from property address)
	Owner's Telephone Number: 563 - 468 - 1302
	Date work was performed: APRIL Z, ZOZ4
	Name of Company who performed the work: GRANT UTILITIES
	Address of Company who performed the work:
	Phone number of company who performed the work: 651 - 248 - 3696
	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 (for more information regarding the interest rate, please cal 651-266-6234). I also understand that I may pay the unpaid assessed balance in ful 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

Repair Completion Form

TO BE FILLED OUT BY PROPERTY OWNER ONLY

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

	(Can 031-200-0234 if you have questions)
Request for Assessment:	I request that the Sewer Utility pay the attached invoice of \$ 6200 because sewer repair work has been completed to my satisfaction.
	Property Address: 360 Sherburne Ave, St. Paul, MN, 55103
	(Location where work was performed)
	Owner's Name (print): Houselink, LLC
	Owner's Signature:
	Owner's Address: 2412 Eagle Valley Drive, Woodbury, MN, 55129 (If different from property address)
	Owner's Telephone Number: 651-503-2048
	Date work was performed: January 4, 2024
	Name of Company who performed the work: M & B Services
1.4	Address of Company who performed the work:
ok to pay \$6200	27498 Olinda Trl, Lindstrom, MN 55045 US
1-8-24 LM	Phone number of company who performed the work: 651-900-9704
	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 charge without notice (for more information regarding the interest rate, please call

651-266-6234). I also understand that I may pay the unpaid assessed balance in full at any time during this twenty-year period without penalty.

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:

Waiver of Appeal:

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

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 \$
	Property Address: LI74 Thomas Ave St Paul (Location where work was performed)
	Owner's Name (print): Arthur Begley
	Owner's Signature:
ok to pay \$6575	Owner's Address: (If different from property address)
1-17-24 LM	
	Owner's Telephone Number: 612-207-3563
	Date work was performed:
	Name of Company who performed the work: Commercial Utilities/ Company
	Address of Company who performed the work: 1146 East 725.
	ST. Paul, MW STIDD
	Phone number of company who performed the work: $651-774-0330$
	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.
	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 (for more information regarding the interest rate, please call 651-266-6234). 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,	Fax number: 651-298-5621; Email address:
700 City Hall Annex, 25 W. 4th St.	PW-SewerAssessment@ci.stpaul.mn.us
St. Paul, MN 55102. May also be faxed or emaile	Revised 6/5/23

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 \$ 6350-31 because sewer repair work has been completed to my satisfaction.
	Property Address: (Location where work was performed)
	Owner's Name (print): Desta Foshe
	Owner's Signature:
ok to pay \$6350.51 3-25-24	Owner's Address: 4149 Norma (If different from property address)
LM	Owner's Telephone Number: (51-855-57) 52
	Date work was performed: Mach 7, 2024
	Name of Company who performed the work: Name of Company who performed the work:
	Address of Company who performed the work: 5155E River Rd
	Frid1ey, MN 55421
	Phone number of company who performed the work: $\frac{763-551-055}{5}$
	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 (for more information regarding the interest rate, please call 651-266-6234). 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 ou	it 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. Fax number: 651-298-5621; Email address: PW-SewerAssessment@ci.stpaul.mn.us

Revised 6/5/23

May also be faxed or emailed:

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 \$ 9,940,15 because sewer repair work has been completed to my satisfaction.
	Property Address: 1604 MMgaret St, St Paul, MW 55106 (Location where work was performed)
	Owner's Name (print): Gabriel Scott Helgeson
	Owner's Signature:
ok to pay \$9940.15 3-25-24 LM	Owner's Address: (If different from property address)
	Owner's Telephone Number: 952-451 -2502
	Date work was performed: 3/13/24
	Name of Company who performed the work: Peans Home Services
	Address of Company who performed the work: 6701 Parkway Circle #6
	Brook-1yn Center, MN 55430
	Phone number of company who performed the work: 163-428-1321
	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

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

during this twenty-year period without penalty.

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

Waiver of Appeal:

May also be faxed or emailed: Fax number: 651-298-5621; Email address: PW-SewerAssessment@ci.stpaul.mn.us Revised 2/27/2023

As owner of the property listed below, I agree to waive my right to appeal this

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 \$ \(\frac{\lambda_{j}}{2} \) \(\frac{\lambda_{j}}{2} \) because sewer repair work has been completed to my satisfaction.
	Property Address: 1297 White Beau Ave N. (Location where work was performed)
	Owner's Name (print): Dandrea Arme
ok to pay	Owner's Signature:
\$8136 5-6-24 LM	Owner's Address: (If different from property address)
	Owner's Telephone Number: 451 - 338-6755
	Date work was performed: $\frac{41912024}{}$
	Name of Company who performed the work: Borfe
	Address of Company who performed the work:
	455 Hardman Ave 50 St Paul MI
	Phone number of company who performed the work: 51-332-6933
	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 (for more information regarding the interest rate, please call 651-266-6234). 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 ou	t 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

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 \$_9863.50 because sewer repair work has been completed to my satisfaction.
	Property Address: 1787 Dayton Ave, St Paul 5510 (Location where work was performed)
8	Owner's Name (print): Beth & Nathan Kellar-Long
ok to pay \$9863.50	Owner's Signature: Beth Kellar Long
5-6-24 LM	Owner's Address:(If different from property address)
36.	Owner's Telephone Number: 612 - 280 - 1772
	Date work was performed: 4/24/24
ü	Name of Company who performed the work: 301 fe
	Address of Company who performed the work: 455 hardman av
.*	South St. Baul, 55075
	Phone number of company who performed the work: 612-405-0955
*	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 each year and is subject to change without notice (for more information regarding the interest rate, please call 651-266-6234). 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 4/11/24

Repair Completion Form

TO BE FILLED OUT BY PROPERTY OWNER ONLY (Call 651-266-6234 if you have questions)

Request for Assessment:	because sewer repair work has been completed to my satisfaction.
ok to pay	Property Address: 602 Hon 6 aldt Ave Saint Paul (Location where work was performed)
	Owner's Name (print): 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6
	Owner's Address: 3929 C Evere # Ave Daldry J CA 94602
\$11625.50 2-22-24 LM	(If different from property address)
5-22-24 LIVI	Owner's Telephone Number: $(4/5)$ 509 - 4886 Date work was performed: $12/29/23$
	Name of Company who performed the work: Grant Acquisition LLC DBA A-Z Underground
	Address of Company who performed the work: 5720 International Pkwy, New Hope, MN 55428
	Phone number of company who performed the work: 612-413-6958
	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 (for more information regarding the interest rate, please call 651-266-6234). 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,	Fax number: 651-298-5621; Email address:
700 City Hall Annex, 25 W. 4th St. St. Paul, MN 55102.	PW-SewerAssessment@ci.stpaul.mn.us Revised 6/5/23
May also be faxed or e	nailed:

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 \$ 3000 because sewer repair work has been completed to my satisfaction.
	Property Address: 865 Palace fluence (Location where work was performed)
	(Location where work was performed)
	Owner's Name (print): Kab Kaniess
	Owner's Name (print):
ok to pay	Owner's Signature: (Cuf Con-
\$8900	Owner's Address:
2-21-24 LM	(If different from property address)
	Owner's Telephone Number: <u>651-500-428</u> 0
	Date work was performed: 2/14/24
	Name of Company who performed the work: Commercial Otilities
	Address of Company who performed the work: 1146 East 7# 57.
	St. Paul, MW 55/E
	Phone number of company who performed the work: 651-226-6
	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 (for more information regarding the interest rate, please call 651-266-6234). 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 ou	t form, along with a copy of the contractor's final invoice to:
St. Paul Sewer Utility,	Fax number: 651-298-5621; Email address:
700 City Hall Annex, 25 W. 4th St.	PW-SewerAssessment@ci.stpaul.mn.us
St. Paul, MN 55102. May also be faxed or email	

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 \$	
	2027	
	Property Address: 395 Burgess st (Location where work was performed)	
	Owner's Name (print): Fronk Real Estate LLC	
	Owner's Signature: Dustin Fronk Dustin Fronk (Mar 14, 2024 15:26 CDT)	
k to pay 13195	Owner's Address:	
-29-24	(If different from property address)	
LM	Owner's Telephone Number: 612-230-1288	
	Date work was performed: 3/12/24	
	Name of Company who performed the work:Brothers Underground	
	Address of Company who performed the work: 16935 58th ST NE	
	Otsego, MN 55330	
	Phone number of company who performed the work:	
	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 (for more information regarding the interest rate, please cal 651-266-6234). I also understand that I may pay the unpaid assessed balance in ful 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 o	out form, along with a copy of the contractor's final invoice to:	
St. Paul Sewer Utility,	Fax number: 651-298-5621; Email address:	

PW-SewerAssessment@ci.stpaul.mn.us

Revised 6/5/23

St. Paul, MN 55102. May also be faxed or emailed:

700 City Hall Annex,

25 W. 4th St.

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 \$ 9,265.00 because sewer repair work has been completed to my satisfaction.
	Property Address: 1139 CHAPLES AVE St. PAUL MN SS 104 (Location where work was performed)
	Owner's Name (print): RACHAEL WILDER
	Owner's Signature: Radael Wildh
	Owner's Address: (If different from property address)
1139 Charles Ave	
ok to pay	Owner's Telephone Number: 612-398-9122
\$9265	Date work was performed: 4/2-3/24
1-29-24	Name of Company who performed the work: Owvers ion Sewert Water
	Address of Company who performed the work: 915 BLUE GENTIAN Rd \$100
	ENGAN MN 55121
	Phone number of company who performed the work: 612-751-6888
	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 (for more information regarding the interest rate, please call 651-266-6234). 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 o	ut form, along with a copy of the contractor's final invoice to:
St. Paul Sewer Utility.	Fax number: 651-298-5621; Email address:

700 City Hall Annex, 25 W. 4th St. St. Paul, MN 55102. May also be faxed or emailed:

PW-SewerAssessment@ci.stpaul.mn.us Revised 6/5/23

Repair Completion Form

TO BE FILLED OUT BY PROPERTY OWNER ONLY

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

	(can be recorded in you have questions)
Request for Assessment:	I request that the Sewer Utility pay the attached invoice of \$\frac{9573.50}{250}\$ because sewer repair work has been completed to my satisfaction.
	Property Address: 1540 14th Ave. (Location where work was performed)
ok to pay	Owner's Name (print):
\$9573.50 4-15-24	Owner's Signature:
LM	Owner's Address: (If different from property address)
	Owner's Telephone Number: 451-925.6160
	Date work was performed: 415/2024
	Name of Company who performed the work:
	Address of Company who performed the work: 455 HAVAMAN AVE. S. St. PAUL MN 55075
	Phone number of company who performed the work: 651.332.6635
	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 (for more information regarding the interest rate, please call 651-266-6234). 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 or	ut form, along with a conv 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

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 \$ 6,322.40 because sewer repair work has been completed to my satisfaction.
	Property Address: 295 Summit Ave., Unit 1, St. Paul, MN 55102 (Location where work was performed)
	Owner's Name (print): The Holten Family Trust
	Owner's Signature:
ok to pay \$6322.40	Owner's Address: (If different from property address)
3-4-24 LM	Owner's Telephone Number: 612-269-9028
	Date work was performed: February 8, 2024
	Name of Company who performed the work: Ouverson Sewer & Water
	Address of Company who performed the work:
	915 Blue Gentian Road, Suite 100, Eagan, MN 55121
	Phone number of company who performed the work: 612-751-6888
	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 (for more information regarding the interest rate, please call 651-266-6234). 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

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 \$ 5,532.10 because sewer repair work has been completed to my satisfaction.
	Property Address: 295 Summit Ave., Unit 1, St. Paul, MN 55102 (Location where work was performed)
	Owner's Name (print): Ann Fontaine and John Markert
	Owner's Signature:
ok to pay \$5532.10	Owner's Address: (If different from property address)
3-4-24 LM	Owner's Telephone Number: 612-384-0215
	Date work was performed: February 8, 2024
	Name of Company who performed the work: <u>Ouverson Sewer & Water</u>
	Address of Company who performed the work:
	915 Blue Gentian Road, Suite 100, Eagan, MN 55121
	Phone number of company who performed the work: 612-751-6888
	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 (for more information regarding the interest rate, please call 651-266-6234). 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

Repair Completion Form

TO BE FILLED OUT BY PROPERTY OWNER ONLY

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

	because sewer repair work has been completed to my satisfaction.
	Property Address: 295 Summit Ave., Unit 3, St. Paul, MN 55102 (Location where work was performed)
	Owner's Name (print): <u>Jerold Heying and Maribeth Heying</u>
ok to pay \$3951.50	Owner's Signature: Jorold Hying Mitable
3-4-24 LM	Owner's Address: (If different from property address)
	Owner's Telephone Number: 612-327-5951
	Date work was performed: February 8, 2024
	Name of Company who performed the work: Ouverson Sewer & Water
	Address of Company who performed the work:
	915 Blue Gentian Road, Suite 100, Eagan, MN 55121
	Phone number of company who performed the work: 612-751-6888
	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 (for more information regarding the interest rate, please call 651-266-6234). 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

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 \$ 7,740.07 because sewer repair work has been completed to my satisfaction. 1828 W Chelton Ave, St. Paul, MN 55104 Property Address: (Location where work was performed) Owner's Name (print): Kathleen Fears Owner's Signature: Katis Fears ok to pay Owner's Address: 6911 Rosemary Rd, Eden Prairie, MN 55346 \$7740.07 (If different from property address) 3-4-24 LM Owner's Telephone Number: 6127026063 Date work was performed: 2/20/2024 Name of Company who performed the work: Deans Address of Company who performed the work: 6701 parkway cir #600, brooklyn center mn 55430 Phone number of company who performed the work: 7634281321 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 (for more information regarding the interest rate, please call **651-266-6234**). 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

Repair Completion Form

TO BE FILLED OUT BY PROPERTY OWNER ONLY

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

Request	for	Assessment:	I reque
decor	LUE	r rootoomiciet.	IICUU

est that the Sewer Utility pay the attached invoice of \$_8500

because sewer repair work has been completed to my satisfaction.

Property Address: 185 Maria Ave

(Location where work was performed)

ok to pay \$8500

Owner's Name (print): Andrew Koetz

4-5-24

LM

Owner's Signature:

Owner's Address:

(If different from property address)

Owner's Telephone Number: 763-607-4793

Date work was performed: 3/20/24

Name of Company who performed the work: Bonfe DBA ASAP UNDERGROUND

Address of Company who performed the work: 2355 Fairview ave

Suite 371, Roseville MN 55113

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 (for more information regarding the interest rate, please call 651-266-6234). 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.

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

May also be faxed or emailed:

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 \$ 9,561.50 because sewer repair work has been completed to my satisfaction.
		Property Address: 575 White Bear Ave
		(Location where work was performed)
		Owner's Name (print): Justin Johnson
ok to \$956		Owner's Signature:
4-5-2	24	Owner's Address:
LM		(If different from property address)
		Owner's Telephone Number: (253) 370-8796
		Date work was performed:
		Name of Company who performed the work: Grant Acquisition LLC DBA A-Z Underground
		Address of Company who performed the work: 5720 International Pkwy, New Hope, MN 55428
		Phone number of company who performed the work:612-413-6958
		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 (for more information regarding the interest rate, please call 651-266-6234). 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 or	at form, along with a copy of the contractor's final invoice to:
	St. Paul Sewer Utility,	Fax number: 651-298-5621; Email address:
	700 O' TT 11 1	and the state of t

700 City Hall Annex, 25 W. 4th St. St. Paul, MN 55102. May also be faxed or emailed:

PW-SewerAssessment@ci.stpaul.mn.us

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 \$ \(\begin{aligned} \(\delta 500\) \end{aligned} \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	Property Address: 656 Armstrong Ave (Location where work was performed)
	Owner's Name (print): Jayme Kolbo
ok to pay	Owner's Signature: 1000 Clll
\$6500 4-5-24 LM	Owner's Address: (If different from property address)
	Owner's Telephone Number: (651) 434 - 5151
	Date work was performed: 3/29/2024
	Name of Company who performed the work: M+B SENVICES
	Address of Company who performed the work: 27498 Owda Tri
	LINDSTON, MN 55095
	Phone number of company who performed the work: (651) $400 - 9704$
	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 (for more information regarding the interest rate, please cal 651-266-6234). I also understand that I may pay the unpaid assessed balance in ful 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

Repair Completion Form

TO BE FILLED OUT BY PROPERTY OWNER ONLY

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

	(Can 031-200-0254 if you have questions)
Request for Assessment:	I request that the Sewer Utility pay the attached invoice of \$ 15,000 because sewer repair work has been completed to my satisfaction.
	Property Address: 667 california Ave W (Location where work was performed)
ok to pay	Owner's Name (print): Derek Kreutzian
\$15000 4-5-24 LM	Owner's Signature: Owner's Address:
	(If different from property address)
	Owner's Telephone Number: 612-219-0798
	Date work was performed: 3/22/24
	Name of Company who performed the work: Bonfe DBA ASAP UNDERGROUND
	Address of Company who performed the work: 2355 Fairview ave
	Suite 371 , Roseville MN 55113
	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 (for more information regarding the interest rate, please call 651-266-6234). 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

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

assessment.

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

Repair Completion Form

TO BE FILLED OUT BY PROPERTY OWNER ONLY

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

B	O(Q)
Request for Assessment:	I request that the Sewer Utility pay the attached invoice of \$
	Property Address: 293 Chavez J * (Location where work was performed)
	Owner's Name (print): Crystal Swsell
	Owner's Signature:
	Owner's Address:
ok to pay	(If different from property address)
\$9848	Owner's Telephone Number: 651-428-9274
4-22-24 LM	Date work was performed: 4-18-24
	Name of Company who performed the work: Commercial ULiLie
	Address of Company who performed the work: 1146 East 7 \$ \$
	5+ Parl MW 55/06
	Phone number of company who performed the work: Les 1-226-6891
	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 each year and is subject to change without notice (for more information regarding the interest rate, please call 651-266-6234). 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 ou	t form, along with a copy of the contractor's final invoice to:
St. Paul Sewer Utility,	Fax number: 651-298-5621; Email address:
700 City Hall Annex,	PW-SewerAssessment@ci.stpaul.mn.us
25 W. 4th St. St. Paul, MN 55102.	Revised 4/11/24

May also be faxed or emailed:

Revised 4/11/24

Repair Completion Form

TO BE FILLED OUT BY PROPERTY OWNER ONLY

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

	4
Request for Assessment	I request that the Sewer Utility pay the attached invoice of \$\frac{1000.00}{000000000000000000000000000000
	Property Address: 338 Oscaola Hv. So St. Paul, MN 55103 (Location where work was performed)
	Owner's Name (print): JANICE D. ANDERSON
ok to pay \$7000	Owner's Signature: Janice D. anderson
4-22-24 LM	Owner's Address:
	(If different from property address)
	Owner's Telephone Number: 65/, 324, 3163
	Date work was performed: 4/15/24
	Name of Company who performed the work: MYB Services Anc.
	Address of Company who performed the work: 27498 Olinda Francisco
	Lindstron, MN 55045
	Phone number of company who performed the work: 65/ 900, 9704
	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 each year and is subject to change without notice (for more information regarding the interest rate, please call 651-266-6234). 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 ou	form, along with a copy of the contractor's final invoice to:
t. Paul Sewer Utility,	Formula (C) and account to
00 City Hall Assess	Fax number: 651-298-5621; Email address:

700 City Hall Annex, 25 W. 4th St. St. Paul, MN 55102. May also be faxed or emailed:

PW-SewerAssessment@ci.stpaul.mn.us

Revised 4/11/24

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 \$ 9200.00 because sewer repair work has been completed to my satisfaction.
	Property Address: 617 Puth St N (Location where work was performed)
ok to pay	Owner's Name (print): Abbie Webs
\$9200 4-22-24	Owner's Signature:
LM	Owner's Address: (If different from property address)
	Owner's Telephone Number: 651-208-1188
	Date work was performed: 2/20/24
	Name of Company who performed the work:
	Address of Company who performed the work:
	455 Hardman Ave S. South St PanLMN S.
	Phone number of company who performed the work: 651-332-6633
	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 Foot	*
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 (for more information regarding the interest rate, please call 651-266-6234). 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 or	nt form, along with a copy of the contractor's final invoice to:
St. Paul Sewer Utility,	Fax number: 651-298-5621; Email address:

St. Paul Sewer Utility, 700 City Hall Annex, 25 W. 4th St. St. Paul, MN 55102. May also be faxed or emailed:

PW-SewerAssessment@ci.stpaul.mn.us

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 \$ because sewer repair work has been completed to my satisfaction.
ok to pay \$16600 4-23-24 LM	Property Address:(Location where work was performed)
	Owner's Name (print):
	Owner's Signature: Bruce Johnson
	Owner's Address:(If different from property address)
	Owner's Telephone Number:
	Date work was performed:
	Name of Company who performed the work:
	Address of Company who performed the work:
	Phone number of company who performed the work:
	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 (for more information regarding the interest rate, please call 651-266-6234). 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 o	ut form, along with a copy of the contractor's final invoice to:

700 City Hall Annex, 25 W. 4th St. St. Paul, MN 55102. May also be faxed or emailed:

St. Paul Sewer Utility,

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

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 \$ \frac{9.7.7.4}{2}\$ because sewer repair work has been completed to my satisfaction.
ok to pay	Property Address: 1076 Edmund ave. (Location where work was performed)
	Owner's Name (print): KSeth Davis
\$9974	Owner's Signature:
4-23-24 LM	Owner's Address: (If different from property address)
	Owner's Telephone Number: 973-525-8437
	Date work was performed: 4-22-24
	Name of Company who performed the work: Commer Cial Wilit
	Address of Company who performed the work: 1146 Fast 77 St. St. Paul nur 55/0 6
	Phone number of company who performed the work: 451-226-68
	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 each year and is subject to change without notice (for more information regarding the interest rate, please call 651-266-6234). 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 ou	t form, along with a copy of the contractor's final invoice to:
St. Paul Sewer Utility, 700 City Hall Annex, 25 W. 4th St.	Fax number: 651-298-5621; Email address: PW-SewerAssessment@ci.stpaul.mn.us
St. Paul, MN 55102. May also be faxed or email	Revised 4/11/24

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 \$ 16,985.00 because sewer repair work has been completed to my satisfaction.
	Property Address: 1279 Niles Ave Saint Paul MN 55116 (Location where work was performed)
	Owner's Name (print): Karly Hanker
ok to pay \$16985 4-22-24 LM	Owner's Signature: Kerry Henri
	Owner's Address: (If different from property address)
	Owner's Telephone Number: 763. 516. 6031
	Date work was performed: 4/15/24
	Name of Company who performed the work: Roto - Roto - Roto
	Address of Company who performed the work:
	14530 274 AVE N PLYMOUTH, MN 55447
	Phone number of company who performed the work: 763-519-3977
	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 (for more information regarding the interest rate, please call 651-266-6234). 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 o	ut 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

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 \$7473.00 because sewer repair work has been completed to my satisfaction.
ok to pay \$7473 4-23-24 LM	Property Address: 1540 Pascal st
	(Location where work was performed)
	Owner's Name (print):Christine Carlson
	Owner's Signature:
	Owner's Address: (If different from property address)
	Owner's Telephone Number: 651-210-2770
	Date work was performed: 4/19/24
	Name of Company who performed the work: Brothers Underground
	Address of Company who performed the work: 16935 58th st Ne
	Otsego Mn 55330
	Phone number of company who performed the work:
	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 each year and is subject to change without notice (for more information regarding the interest rate please call 651-266-6234). 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 o	ut 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 4/11/24

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 \$ \$12,015.00

because sewer repair work has been completed to my satisfaction.

1882 Sheridan Ave. Saint Paul MN 55116 Property Address:

(Location where work was performed)

Owner's Name (print): North Road Properties LLC

Xarp: (X. Orley

ok to pay \$12015

4-22-24 LM

Owner's Address: 223 5th St.PO Box 10636 White Bear Lake MN 55110

(If different from property address)

Owner's Telephone Number: 952-818-6010

Date work was performed: 4/10/2024

Owner's Signature:

Name of Company who performed the work: Ouversons Sewer and Water

Address of Company who performed the work: 915 Blue Gentian Rd, Suite 100

Eagan, MN 55121

Phone number of company who performed the work: (612) 751-6888

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 (for more information regarding the interest rate, please call 651-266-6234). 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.

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

Revised 6/5/23

May also be faxed or emailed:

Repair Completion Form

TO BE FILLED OUT BY PROPERTY OWNER ONLY

(Call 651-266-6234 if you have questions) Request for Assessment: (Execution where work was performed) Property Address: Owner's Name (print): That Property Place LLC Rashad Kennedy Owner's Signature: Owner's Address: 842 rice street saint paul mn (If different from property address) 451-529-5593 Owner's Telephone Number: Date work was performed: Name of Company who performed the work: ____ Address of Company who performed the work: 1146 Fast 7 26 St St. Paul, MW 55/06 Phone number of company who performed the work: 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 each year and is subject to change without notice (for more information regarding the interest rate, please call 651-266-6234). 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 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.

ok to pay

\$6000

LM

5-13-24

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

May also be faxed or emailed:

Revised 4/11/24

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 \$
ok to pay \$17760 5-13-24 LM	Property Address: 1547 Sherburne ave (Location where work was performed)
	Owner's Name (print): alexander smythe
	Owner's Signature: alex smylhe (Jan 11, 2024 12:33 CST)
	Owner's Address: 1547 sherburne ave (If different from property address)
	Owner's Telephone Number: 2183684418
	Date work was performed: Jan 11, 2024
	Name of Company who performed the work: 3 Sisters Underground DBA Brothers Underground
	Address of Company who performed the work:
	Phone number of company who performed the work:
	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 (for more information regarding the interest rate, please call 651-266-6234). 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 o	out form, along with a copy of the contractor's final invoice to:
St. Paul Sewer Utility, 700 City Hall Annex,	Fax number: 651-298-5621; Email address: PW-SewerAssessment@ci.stpaul.mn.us

25 W. 4th St. St. Paul, MN 55102. May also be faxed or emailed:

For the most recent and updated documents, please visit the City of Saint Paul Sewer Utility Website at Sewer Utility Division | Saint Paul Minnesota (stpaul.gov)

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 \$ 9,968 because sewer repair work has been completed to my satisfaction.
	Property Address: 800 Como Ave, St Paul MN, 55103 (Location where work was performed)
	Owner's Name (print): Zelha Nil
	Owner's Signature:
ok to pay 69968	Owner's Address: (If different from property address)
5-16-24 LM	Owner's Telephone Number: ×8164827312
	Date work was performed:
	Name of Company who performed the work: K Roto Rooter
	Address of Company who performed the work: ×
	14530 27th Ave N Minneapolis
	14530 27th Ave N Minneapolis Phone number of company who performed the work: 763.519.3977 55
	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 each year and is subject to change without notice (for more information regarding the interest rate, please call 651-266-6234). 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 above, I agree to waive my right to appeal this

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

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 \$ 2 / 200 because sewer repair work has been completed to my satisfaction.
	Property Address: 933 Otto Ave St. Rul IXN 55102 (Location where work was performed)
	Owner's Name (print): 57800 Phillips
	Owner's Signature:
	Owner's Address: (If different from property address)
	Owner's Telephone Number: 6/2 356 0702
ok to pay \$21,700	Date work was performed: April 30 2024
5-13-24	Name of Company who performed the work: Grant Otilities
LM	Address of Company who performed the work: 356/ Hrcade St. 51, 27-7/35
	Phone number of company who performed the work: $651-248-3696$
	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.
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Waiver of Appeal:	As owner of the property listed below, I agree to waive my right to appeal this assessment.
Please return this filled o	ut form, along with a copy of the contractor's final invoice to:
St. Paul Sewer Utility, 700 City Hall Annex, 25 W. 4th St.	Fax number: 651-298-5621; Email address: PW-SewerAssessment@ci,stpaul.mn.us
St. Paul, MN 55102.	Revised 4/11/24

May also be faxed or emailed: