

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 \$ 7077 because sewer repair work has been completed to my satisfaction.

Property Address: 2147 Minnehaha Ave. East  
(Location where work was performed)

Owner's Name (print): Jennifer Adams

Owner's Signature: Jennifer Adams

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

Owner's Telephone Number: (651) 755-3479

Date work was performed: 6-5-24

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

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

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

**May also be faxed or emailed:**

Revised 4/11/24

ok to pay  
\$7077  
6-10-24  
LM

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 \$ 9973 because sewer repair work has been completed to my satisfaction.

Property Address: 405 Brainerd Ave  
(Location where work was performed)

Owner's Name (print): Peter Xiong

Owner's Signature: 

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

Owner's Telephone Number: 651-428-6581

Date work was performed: 5/20/24

Name of Company who performed the work: A-2 underground

Address of Company who performed the work: 5720 International Pkwy New Hope, MN, 55428

Phone number of company who performed the work: 612-977-3023

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.

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**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:**

ok to pay  
\$9973  
6-10-24  
LM

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 \$ 9,000.00 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: [Signature]

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: Borfe

Address of Company who performed the work: 455 Hardman Ave

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.

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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:**

Revised 4/11/24

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

ok to pay  
\$9000

## 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 \$ 7,232.00 because sewer repair work has been completed to my satisfaction.

Property Address: 685 McKnight Rd S St Paul MN 55119  
(Location where work was performed)

Owner's Name (print): Mona Vang

Owner's Signature: Mona Vang

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

Owner's Telephone Number: 715-531-5312

Date work was performed: 5/23/24

Name of Company who performed the work: ROTO ROOTER

Address of Company who performed the work: 14530 27th AVE N

Plymouth, MN 55447

Phone number of company who performed the work: 763-567-2002

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.

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**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:

**APPROVED**

By Len at 12:09 pm, Jun 24, 2024

ok to pay

\$7232

LM

**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 3:47 pm, Jul 03, 2024*

**Repair Completion Form**

**TO BE FILLED OUT BY PROPERTY OWNER ONLY**

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

ok to pay  
\$7500

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

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.

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

City of Saint Paul Sewer Assessment Program

APPROVED

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

Repair Completion Form

TO BE FILLED OUT BY PROPERTY OWNER ONLY

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

ok to pay \$8833.75

Request for Assessment: 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: [Handwritten 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 Minneapolis 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.

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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 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

Sewer

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

Revised 6/5/23

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

### Repair Completion Form

#### TO BE FILLED OUT BY PROPERTY OWNER ONLY

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

ok to pay  
\$13500

**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 WORLESTER AVE, ST PAUL MN 55116  
(Location where work was performed)

Owner's Name (print): LYCAS NOED

Owner's Signature: [Signature]

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

Owner's Telephone Number: 651-491-2952

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<sup>th</sup> AVE NORTH  
Minneapolis, MN 55447-4804

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.

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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.

Property Address: 322 Winona Street West St. Paul MN (Location where work was performed)

Owner's Name (print): Emily Lobitz

Owner's Signature: Emily Lobitz

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, mn 55369

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.

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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:

ok to pay \$4285.25 6-3-24 LM



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 \$ 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 Dorr (May 17, 2024 10:06 CDT)

Owner's Address: 952 Goodrich Ave  
(If different from property address)

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: 763-250-5272

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.

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**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:

ok to pay  
\$9980  
6-3-24  
LM

## 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 \$ 16,329 because sewer repair work has been completed to my satisfaction.

Property Address: 2327 Gordon Avenue 55108  
(Location where work was performed)

Owner's Name (print): Anna Graber

Owner's Signature: 

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

Owner's Telephone Number: 203-709-0501

Date work was performed: 5/28/24

Name of Company who performed the work: Roto-Rooter

Address of Company who performed the work: 14530 27<sup>th</sup> Ave N  
Plymouth, MN 55447

Phone number of company who performed the work: 763-567-2002

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.

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**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:

ok to pay  
\$16329  
6-3-24  
LM

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 \$ 21975.72 because sewer repair work has been completed to my satisfaction.

Property Address: 540 Hamline Ave S  
(Location where work was performed)

Owner's Name (print): Tom Smith

Owner's Signature: Thomas E Smith  
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)

Owner's Telephone Number: 612 804-3526

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: 763-250-5272

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.

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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:**

Revised 4/11/24

ok to pay  
\$21975.72  
6-3-24 LM

**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 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: Zoë Odegard

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

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

**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**

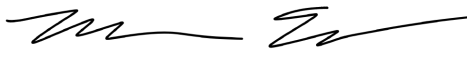
**TO BE FILLED OUT BY PROPERTY OWNER ONLY**

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

**Request for Assessment:** I request that the Sewer Utility pay the attached invoice of \$ 904.45 because sewer repair work has been completed to my satisfaction.

Property Address: 1042 Wakefield Ave St Paul, MN 55106  
(Location where work was performed)

Owner's Name (print): Barbara Monaco

Owner's Signature: 

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: Ouerson 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.

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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:**

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

ok to pay  
\$904.45

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 1:49 pm, Jul 01, 2024

### Repair Completion Form

#### TO BE FILLED OUT BY PROPERTY OWNER ONLY

(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 Fairmount Ave. St. Paul, MN 55105  
(Location where work was performed)

Owner's Name (print): Mich Merritt

Owner's Signature: M. M

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: Ouversen Sewer & Water

Address of Company who performed the work: \_\_\_\_\_  
5717 International Parkway 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.

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City of Saint Paul Sewer Assessment Program

Repair Completion Form

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

Request for Assessment: I request that the Sewer Utility pay the attached invoice of \$ 9508 because sewer repair work has been completed to my satisfaction.

Property Address: 1907 St. Clair  
(Location where work was performed)

Owner's Name (print):  BENJAMIN GOETZKE

Owner's Signature:  [Signature]

Owner's Address: \_\_\_\_\_  
(if different from property address)

Owner's Telephone Number:  612-406-0519

Date work was performed: 6-25-24

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

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

**APPROVED**

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

ok to pay  
\$9508

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)

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

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)

ok to pay  
\$39500

**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 OSCEOLA AVES  
(Location where work was performed)

Owner's Name (print): ANNA ROTH BLUMFIELD

Owner's Signature: Anna Roth Blumfield

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

Owner's Telephone Number: 651-280-0181

Date work was performed: 6/18 - 6/19/2024

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: 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, 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:



**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)

*City of Saint Paul Sewer Assessment Program*

ok to pay  
\$9995

**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 \$ 9995.00 because sewer repair work has been completed to my satisfaction.

Property Address: 663 Surrey Ave  
(Location where work was performed)

Owner's Name (print): KAI THAO

Owner's Signature: Kai Thao

Owner's Address: 663 Surrey 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 Ave N  
Minneapolis MN 55447

Phone number of company who performed the work: 1 800-438 7686

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 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:

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

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

**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 \$ 1500.00 because sewer repair work has been completed to my satisfaction.

Property Address: 726 Cottage Ave E. St Paul MN 55106  
(Location where work was performed)

Owner's Name (print): Andy + Ann Boss

Owner's Signature: [Handwritten Signature]

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

Owner's Telephone Number: 651-269-3884

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 Trail  
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.

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**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:

ok to pay  
\$1500

City of Saint Paul Sewer Assessment Program

APPROVED

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

Repair Completion Form

ok to pay  
\$8163.14

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 \$ 8,163.14 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 Signature: Kao Juy Nang Lee

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.

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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 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

**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 651-266-6234 if you have questions)

**Request for Assessment:** I request that the Sewer Utility pay the attached invoice of \$ 9500.00 because sewer repair work has been completed to my satisfaction.

Property Address: 1818 Nebraska Ave E  
(Location where work was performed)

Owner's Name (print): Carson Kodeback

Owner's Signature: 

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

Owner's Telephone Number: 920 224 2532

Date work was performed: 4.26.24, 5-8-24

Name of Company who performed the work: ASAP Underground (Monks)

Address of Company who performed the work: \_\_\_\_\_  
455 Hardman Ave S, 55075

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.

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

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 \$ 5,041.67 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: [Signature]

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 Kirkwood 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.

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**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:

APPROVED  
By Len at 9:45 am, Jun 17, 2024

ok to pay  
\$5041.67

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 \$ 1,480.85 because sewer repair work has been completed to my satisfaction.

Property Address: 752 ROSE AVE E ST PAUL, MN 55106  
(Location where work was performed)

Owner's Name (print): Lizbet M Duran G.

Owner's Signature: Lizbet M Duran G.

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

Owner's Telephone Number: (651) 325-9912

Date work was performed: JUNE 13, 2024

Name of Company who performed the work: Dean's Home Services

Address of Company who performed the work: 6701 PKWY CIR  
STE 1000 BROOKLYN CENTER

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 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:

**APPROVED**  
By Len at 10:36 am, Jun 17, 2024

ok to pay  
\$1480.85  
LM

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)

ok to pay  
\$2927  
LM

**Request for Assessment:** I request that the Sewer Utility pay the attached invoice of \$ 2,927 because sewer repair work has been completed to my satisfaction.

Property Address: 1115 Maryland Ave East  
(Location where work was performed)

Owner's Name (print): X Moriah Frazier

Owner's Signature: X Moriah Frazier

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

Owner's Telephone Number: X 952-406-1353

Date work was performed: 6-11-24

Name of Company who performed the work: Commercial Utilities

Address of Company who performed the work: 1146 East 7th St  
St. Paul, MN 55106

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

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.

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**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

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 Ave (Location where work was performed)

Owner's Name (print): Mary L Gits

Owner's Signature: Mary L Gits

Owner's Address: 1572 Sargent Ave (If different from property address)

Owner's Telephone Number: 651-443-6198

Date work was performed: 5-23-24

Name of Company who performed the work: Bathous Underground

Address of Company who performed the work: 1635 58th St Otsego, MN 55330

Phone number of company who performed the work: 763 516 5564

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

APPROVED By Len at 10:40 am, Jun 17, 2024

ok to pay \$13920 LM



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 9:22 am, Jun 17, 2024

**Repair Completion Form**

ok to pay \$9800

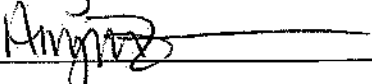
**TO BE FILLED OUT BY PROPERTY OWNER ONLY**

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

**Request for Assessment:** I request that the Sewer Utility pay the attached invoice of \$ 9800.00 because sewer repair work has been completed to my satisfaction.

Property Address: 1485 4th St E, St Paul 55119  
(Location where work was performed)

Owner's Name (print): Amy Zureifelhofer

Owner's Signature: 

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

Owner's Telephone Number: 651-324-1203

Date work was performed: 6-13-24

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

Address of Company who performed the work: 27498 Olinda Trl  
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.

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**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

## 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.

Property Address: 2051 Fairmount Ave Saint Paul, MN 55105  
(Location where work was performed)

Owner's Name (print): Brian Runzel

Owner's Signature: Brian Runzel  
Digitally signed by Brian Runzel  
DN: cn=Brian Runzel, email=brian.runzel@ci.stpaul.mn.us, c=US  
Date: 2024.06.06 10:47:00 -0700

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

Owner's Telephone Number: 651-230-6778

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.

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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 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:

Revised 6/5/23

**APPROVED**

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

ok to pay  
\$8700  
LM

# 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 \$ \_\_\_\_\_ because sewer repair work has been completed to my satisfaction.

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.

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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:**

Revised 6/5/23

**APPROVED**  
By Len at 4:08 pm, Jul 15, 2024

ok to pay  
\$9000

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 \$ 9,981.53 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 Monzel

Owner's Signature: Charles Monzel

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: 763-428-1321

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.

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700 City Hall Annex,  
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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

# 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 \$ \$9870.83  
because sewer repair work has been completed to my satisfaction.

Property Address: 874 Dayton Ave, Saint Paul, MN 55104  
(Location where work was performed)

Owner's Name (print): Nash Edgerton Hall

Owner's Signature: /s/ Nash Edgerton Hall

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 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:**

Revised 4/11/24

**APPROVED**  
By Len at 3:33 pm, Jul 15, 2024

ok to pay  
\$9870.83

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 \$ 5,993 because sewer repair work has been completed to my satisfaction.

Property Address: 933 Payne Ave  
(Location where work was performed)

Owner's Name (print): X Moe Thida

Owner's Signature: X [Signature]

Owner's Address: X 3007 Arcade st Little Canada 55109  
(If different from property address)

Owner's Telephone Number: 651-239-7789

Date work was performed: 7-9-24

Name of Company who performed the work: Commercial Utilities

Address of Company who performed the work: 1146 East 7th St.  
St. Paul, MN 55106

Phone number of company who performed the work: 651-774-030

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:

**APPROVED**

By Len at 3:40 pm, Jul 15, 2024

ok to pay  
\$5993

City of Saint Paul Sewer Assessment Program

**APPROVED**  
By Len at 3:25 pm, Jul 15, 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 \$ 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: [Signature]

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

Owner's Telephone Number: 612-385-5194

Date work was performed: 6-12-24

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

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

ok to pay  
\$4388

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 \$ 1530.00 because sewer repair work has been completed to my satisfaction.

Property Address: 1697 Van Buren Ave.  
(Location where work was performed)

**APPROVED**  
By Len at 4:22 pm, Jul 15, 2024

Owner's Name (print): Sarah Berman-Young

Owner's Signature: *Sarah Berman-Young*

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

Owner's Telephone Number: 651-216-6462

Date work was performed: 9/25/24

Name of Company who performed the work: Grant Utilities

Address of Company who performed the work: 3561 Arcade St.  
St. Paul, MN 55127

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 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:

ok to pay  
\$1530



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 \$ 9,999.99 because sewer repair work has been completed to my satisfaction.

Property Address: 403 Michigan Street St Paul MN 55102 (Location where work was performed)

Owner's Name (print): Dan Turnbull

Owner's Signature: [Handwritten Signature]

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

Owner's Telephone Number: 952-500-3480

Date work was performed: 5/6/24

Name of Company who performed the work: Mr Rooter Plumbing

Address of Company who performed the work: 5155 East River Rd #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 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:

Revised 4/11/24

APPROVED By Len at 2:46 pm, May 28, 2024

ok to pay \$9,999.99

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 \$ 9462 because sewer repair work has been completed to my satisfaction.

Property Address: 760 Nevada Ave, Mck  
(Location where work was performed)

Owner's Name (print): X Linda N. Melcher

Owner's Signature: X [Signature]

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

Owner's Telephone Number: X 651-208-4991

Date work was performed: 5-28-24

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

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

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**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:

ok to pay  
\$9462  
5-29-24  
LM

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

Property Address: 8601 Algonguin Ave St Paul, MN 55119  
(Location where work was performed)

Owner's Name (print): Brent Thompson

Owner's Signature: BA

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 TRC  
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, 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 4/11/24

**May also be faxed or emailed:**

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

ok to pay  
\$9600

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 \$ 7,000 because sewer repair work has been completed to my satisfaction.

Property Address: 945 N. Algoufer Ave  
(Location where work was performed)

Owner's Name (print): Austin Mishler

Owner's Signature: 

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

Owner's Telephone Number: 652-393-3322

Date work was performed: 5/10/2021

Name of Company who performed the work: ROTO-ROOTER

Address of Company who performed the work: 14530 27th Ave N  
Minneapolis, MN 55447

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.

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**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:**

ok to pay  
\$7000  
5-29-24 LM

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 \$ 22,949.16 because sewer repair work has been completed to my satisfaction.

APPROVED
By Len at 3:14 pm, May 28, 2024

ok to pay
\$22,949.16

Property Address: 1591 Montana Ave. E
(Location where work was performed)

Owner's Name (print): Jim Yang

Owner's Signature: [Handwritten Signature]

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

Owner's Telephone Number: 651-274-0664

Date work was performed: 5/23/24

Name of Company who performed the work: Mr. Roster

Address of Company who performed the work: 5155 East River Rd.
Unit 418, Fridley, MN 55412

Phone number of company who performed the work: 612-217-0986

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:

City of Saint Paul Sewer Assessment Program

**Repair Completion Form**

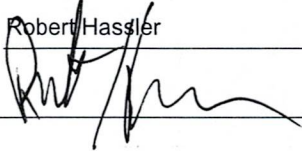
**TO BE FILLED OUT BY PROPERTY OWNER ONLY**

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

**Request for Assessment:** I request that the Sewer Utility pay the attached invoice of \$ 4,399.50 because sewer repair work has been completed to my satisfaction.

Property Address: 2074 Magnolia Ave E  
(Location where work was performed)

Owner's Name (print): Robert Hassler

Owner's Signature: 

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

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.

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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 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:**

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

ok to pay  
\$4399.50

# 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 \$ 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): ISAAC BRIES

Owner's Signature: [Signature]

Owner's Address: 955 BAYARD AVE  
(If different from property address)

Owner's Telephone Number: 563-468-1302

Date work was performed: APRIL 2, 2024

Name of Company who performed the work: GRANT UTILITIES

Address of Company who performed the work: \_\_\_\_\_  
3561 ARCADE ST

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 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

**Repair Completion Form**

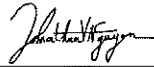
**TO BE FILLED OUT BY PROPERTY OWNER ONLY**

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

**Request for Assessment:** I request that the Sewer Utility pay the attached invoice of \$ 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

Address of Company who performed the work: \_\_\_\_\_  
27498 Olinda Trl, Lindstrom, MN 55045 US

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 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:**

Revised 6/5/23

ok to pay  
\$6200  
1-8-24 LM



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 \$ 6575 because sewer repair work has been completed to my satisfaction.

Property Address: 474 Thomas Ave St Paul  
(Location where work was performed)

Owner's Name (print): Arthur Begley

Owner's Signature: [Signature]

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

Owner's Telephone Number: 612-207-3503

Date work was performed: 1/10/2024

Name of Company who performed the work: Commercial Utilities / Curella company

Address of Company who performed the work: 1146 East 7th St.  
St. Paul, MN 55106

Phone number of company who performed the work: 651-774-0330

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.

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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:

Revised 6/5/23

ok to pay  
\$6575  
1-17-24 LM

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 \$ 6350.31 because sewer repair work has been completed to my satisfaction.

Property Address: 905 Armstrong Ave  
(Location where work was performed)

Owner's Name (print): Desta Foshe

Owner's Signature: \_\_\_\_\_

Owner's Address: 4149 Norma  
(If different from property address)

Owner's Telephone Number: 651-855-5052

Date work was performed: March 7, 2024

Name of Company who performed the work: Mr Rooter plumbing

Address of Company who performed the work: 5155E River Rd  
Fridley, MN 55421

Phone number of company who performed the work: 763-551-0855

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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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

ok to pay  
\$6350.51  
3-25-24  
LM

**May also be faxed or emailed:**

# City of Saint Paul Sewer Assessment Program

## Repair Completion Form

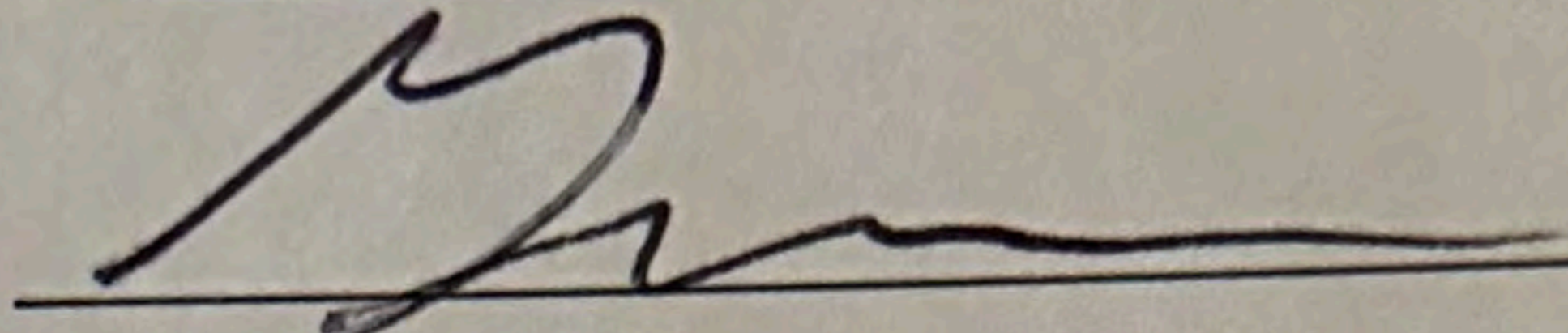
### TO BE FILLED OUT BY PROPERTY OWNER ONLY

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

**Request for Assessment:** I request that the Sewer Utility pay the attached invoice of \$ 9,940.15 because sewer repair work has been completed to my satisfaction.

Property Address: 1604 Margaret St, St Paul, MN 55106  
(Location where work was performed)

Owner's Name (print): Gabriel Scott Helgeson

Owner's Signature: 

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: Deans 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 and is subject to change without notice. The current rate is 4.48%. I also understand that I may pay the unpaid assessed balance in full at any time during this twenty-year period without penalty.

**Waiver of Appeal:**

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

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

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

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

Revised 2/27/2023

ok to pay  
\$9940.15  
3-25-24 LM

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 \$ 8,136.00 because sewer repair work has been completed to my satisfaction.

Property Address: 1297 White Bear Ave N. (Location where work was performed)

Owner's Name (print): Dandrea Arme

Owner's Signature: [Signature]

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

Owner's Telephone Number: 651-338-6755

Date work was performed: 4/19/2024

Name of Company who performed the work: Banfe

Address of Company who performed the work:

455 Hardman Ave SO St Paul MN 55075

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 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:

ok to pay \$8136 5-6-24 LM

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 \$ 9863.50 because sewer repair work has been completed to my satisfaction.

Property Address: 1787 Dayton Ave, St Paul 55104  
(Location where work was performed)

Owner's Name (print): Beth & Nathan Kellar-Long

Owner's Signature: Beth Kellar-Long

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

Owner's Telephone Number: 612-290-1772

Date work was performed: 4/24/24

Name of Company who performed the work: BONFE

Address of Company who performed the work: 455 Hardman Avenue  
South St. Paul, 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.

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**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 4/11/24

**May also be faxed or emailed:**

ok to pay  
\$9863.50  
5-6-24 LM

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 \$ 11,625.50 because sewer repair work has been completed to my satisfaction.

Property Address: 602 Humboldt Ave, Saint Paul  
(Location where work was performed)

Owner's Name (print): Greg Lassonde

Owner's Signature: Greg Lassonde

Owner's Address: 3929 C Everett Ave, Dakota, CA 94602  
(If different from property address)

Owner's Telephone Number: (415) 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.

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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

ok to pay  
\$11625.50  
2-22-24 LM

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 \$ 8,900 because sewer repair work has been completed to my satisfaction.

Property Address: 865 Palace Avenue  
(Location where work was performed)

Owner's Name (print): Kab Kaniess

Owner's Signature: [Signature]

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

Owner's Telephone Number: 651-500-4280

Date work was performed: 2/14/24

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

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

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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:

Revised 6/5/23

ok to pay  
\$8900  
2-21-24 LM

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 \$ 13,195.00 because sewer repair work has been completed to my satisfaction.

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))

Owner's Address: 333 Washington Avenue N. Suite 300 - 9176 Minneapolis, MN 55401 United States (If different from property address)

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: 763-250-5272

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.

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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 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:

Revised 6/5/23

ok to pay \$13195 4-29-24 LM



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 \$ 9,265.00 because sewer repair work has been completed to my satisfaction.

Property Address: 1139 CHARLES AVE ST. PAUL MN 55104  
(Location where work was performed)

Owner's Name (print): RACHAEL WILDER

Owner's Signature: Rachael Wilder

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

Owner's Telephone Number: 612-398-9122

Date work was performed: 4/23/24

Name of Company who performed the work: Diversion Sewer + Water

Address of Company who performed the work: 915 BLUE GENTIAN RD #100  
EMAN 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.

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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 out form, along with a copy of the contractor's final invoice to:**

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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:**

Revised 6/5/23

1139 Charles Ave  
ok to pay  
\$9265  
4-29-24

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 \$ 9,573.50 because sewer repair work has been completed to my satisfaction.

Property Address: 1540 Lalehart Ave.  
(Location where work was performed)

Owner's Name (print): Valarie Roseth

Owner's Signature: Valarie Roseth

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

Owner's Telephone Number: 651.925.6160

Date work was performed: 4/15/2024

Name of Company who performed the work: Bunte

Address of Company who performed the work: 455 Hardman Ave. S.  
St. Paul, MN 55075

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 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 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:**

Revised 6/5/23

ok to pay  
\$9573.50  
4-15-24  
LM

*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 \$ 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: 

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

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.

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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 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:**

Revised 6/5/23

ok to pay  
\$6322.40  
3-4-24 LM

*City of Saint Paul Sewer Assessment Program*

**Repair Completion Form**

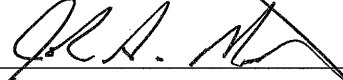
**TO BE FILLED OUT BY PROPERTY OWNER ONLY**

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

**Request for Assessment:** I request that the Sewer Utility pay the attached invoice of \$ 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: 

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

Owner's Telephone Number: 612-384-0215

Date work was performed: February 8, 2024

Name of Company who performed the work: Ouerson 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.

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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 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:**

ok to pay  
\$5532.10  
3-4-24 LM

City of Saint Paul Sewer Assessment Program

**Repair Completion Form**

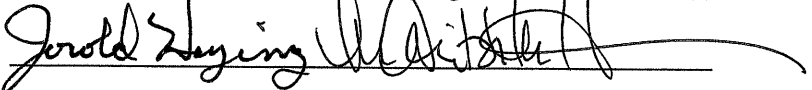
**TO BE FILLED OUT BY PROPERTY OWNER ONLY**

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

**Request for Assessment:** I request that the Sewer Utility pay the attached invoice of \$ 3,951.50 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): Jerold Heying and Maribeth Heying

Owner's Signature: 

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: Ouerson 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.

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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 out form, along with a copy of the contractor's final invoice to:**

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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:**

Revised 6/5/23

ok to pay  
\$3951.50  
3-4-24 LM

*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 \$ 7,740.07 because sewer repair work has been completed to my satisfaction.

Property Address: 1828 W Chelton Ave, St. Paul, MN 55104  
(Location where work was performed)

Owner's Name (print): Kathleen Fears

Owner's Signature: Katie Fears

Owner's Address: 6911 Rosemary Rd, Eden Prairie, MN 55346  
(If different from property address)

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.

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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:**

Revised 6/5/23

ok to pay  
\$7740.07  
3-4-24 LM

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 \$ 8500 because sewer repair work has been completed to my satisfaction.

Property Address: 185 Maria Ave  
(Location where work was performed)

Owner's Name (print): Andrew Koetz

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.

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St. Paul, MN 55102.

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**May also be faxed or emailed:**

Revised 6/5/23

ok to pay  
\$8500  
4-5-24  
LM

*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 \$ 9,561.50 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

Owner's Signature: [Signature]

Owner's Address: \_\_\_\_\_  
(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 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:**

Revised 6/5/23

ok to pay  
\$9561.50  
4-5-24  
LM



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 \$ 6500.<sup>00</sup> because sewer repair work has been completed to my satisfaction.

Property Address: 656 Armstrong Ave  
(Location where work was performed)

Owner's Name (print): Jayme Kolbo

Owner's Signature: Jayme Kolbo

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 SERVICES

Address of Company who performed the work: 27498 Omda Trl  
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.

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Fax number: 651-298-5621; Email address:  
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**May also be faxed or emailed:**

Revised 6/5/23

ok to pay  
\$6500  
4-5-24  
LM

# 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 \$ 15,000 because sewer repair work has been completed to my satisfaction.

Property Address: 667 California Ave W  
(Location where work was performed)

Owner's Name (print): Derek Kreuzian

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.

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Revised 6/5/23

ok to pay  
\$15000  
4-5-24 LM

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 \$ 9,848 because sewer repair work has been completed to my satisfaction.

Property Address: 293 Cesar Chavez St.  
(Location where work was performed)

Owner's Name (print): X Crystal Suresky

Owner's Signature: X [Signature]

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

Owner's Telephone Number: 651-428-9274

Date work was performed: 4-18-24

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

Address of Company who performed the work: 1146 East 7<sup>th</sup> St.  
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.

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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:**

ok to pay  
\$9848  
4-22-24  
LM

# 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 \$ \$7,000.00 because sewer repair work has been completed to my satisfaction.

Property Address: 338 Cecelia Av. So. St. Paul, MN 55102  
(Location where work was performed)

Owner's Name (print): JANICE D. ANDERSON

Owner's Signature: Janice D. Anderson

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

Owner's Telephone Number: 651.224.3163

Date work was performed: 4/15/24

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

Address of Company who performed the work: 27498 Olinda Trail  
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.

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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

ok to pay  
\$7000  
4-22-24  
LM

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)

ok to pay  
\$9200  
4-22-24  
LM

**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)

Owner's Name (print): Abbie Klebs

Owner's Signature: [Signature]

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: Bonfe

Address of Company who performed the work: \_\_\_\_\_

455 Hardman Ave S. South St Paul, MN 550

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.

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St. Paul, MN 55102.

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

**May also be faxed or emailed:**

Revised 6/5/23

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 \$ \_\_\_\_\_ because sewer repair work has been completed to my satisfaction.

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: \_\_\_\_\_

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St. Paul, MN 55102.

Fax number: 651-298-5621; Email address:  
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Revised 6/5/23

**May also be faxed or emailed:**

ok to pay  
\$16600  
4-23-24  
LM

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 \$ 9,974 because sewer repair work has been completed to my satisfaction.

Property Address: 1076 Edmund Ave.  
(Location where work was performed)

Owner's Name (print): X Seth Davis

Owner's Signature: X Seth Davis

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

Owner's Telephone Number: X 973-525-8437

Date work was performed: 4-22-24

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

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

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St. Paul, MN 55102.

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

**May also be faxed or emailed:**

Revised 4/11/24

ok to pay  
\$9974  
4-23-24  
LM

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 \$ 16,985.00 because sewer repair work has been completed to my satisfaction.

Property Address: 1279 Miles Ave Saint Paul MN 55116  
(Location where work was performed)

Owner's Name (print): Karly Harker

ok to pay  
\$16985  
4-22-24  
LM

Owner's Signature: Karly Harker

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 ROTOR

Address of Company who performed the work: \_\_\_\_\_  
14530 27th 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.

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May also be faxed or emailed:

Revised 6/5/23



*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 \$ 7473.00 because sewer repair work has been completed to my satisfaction.

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: 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.

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Revised 4/11/24

**May also be faxed or emailed:**

ok to pay  
\$7473  
4-23-24  
LM

# City of Saint Paul Sewer Assessment Program

## Repair Completion Form

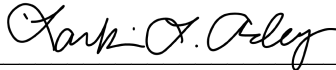
### TO BE FILLED OUT BY PROPERTY OWNER ONLY

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

**Request for Assessment:** I request that the Sewer Utility pay the attached invoice of \$ \$12,015.00 because sewer repair work has been completed to my satisfaction.

Property Address: 1882 Sheridan Ave. Saint Paul MN 55116  
(Location where work was performed)

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

Owner's Signature: 

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

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

Address of Company who performed the work: 915 Blue Gention 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.

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**May also be faxed or emailed:**

Revised 6/5/23

ok to pay  
\$12015  
4-22-24 LM

City of Saint Paul Sewer Assessment Program

Repair Completion Form

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

Property Address: 422 LaFond  
(Location where work was performed)

Owner's Name (print):  That Property Place LLC Rashad Kennedy

Owner's Signature: X Rashad Kennedy

Owner's Address:  842 rice street saint paul mn  
(If different from property address)

Owner's Telephone Number: 651-529-5593

Date work was performed: 5-6-24

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

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

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May also be faxed or emailed:

Revised 4/11/24

ok to pay  
\$6000  
5-13-24  
LM

City of Saint Paul Sewer Assessment Program

Repair Completion Form

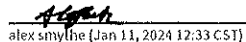
**TO BE FILLED OUT BY PROPERTY OWNER ONLY**

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

**Request for Assessment:** I request that the Sewer Utility pay the attached invoice of \$ 17,760 because sewer repair work has been completed to my satisfaction.

Property Address: 1547 Sherburne ave  
(Location where work was performed)

Owner's Name (print): alexander smythe

Owner's Signature:   
alexsmythe (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: 16935 58th st NE Osago Mn 55330

Phone number of company who performed the work: 763-250-5272

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.

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Revised 6/5/23

May also be faxed or emailed:

ok to pay  
\$17760  
5-13-24  
LM

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: X 800 Como Ave, St Paul MN, 55103  
(Location where work was performed)

Owner's Name (print): X Zelha Nil

Owner's Signature: X 

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

Owner's Telephone Number: X 8164827312

Date work was performed: X 04/29/2024-05/01/2024

Name of Company who performed the work: X Roto Rooter

Address of Company who performed the work: X

14530 27th Ave N Minneapolis MN

Phone number of company who performed the work: 763-519-3977 55447

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:**

ok to pay  
\$9968  
5-16-24  
LM

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 \$ 21,700 because sewer repair work has been completed to my satisfaction.

Property Address: 933 Otto Ave St. Paul MN 55102
(Location where work was performed)

Owner's Name (print): Steve Phillips

Owner's Signature: [Handwritten Signature]

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

Owner's Telephone Number: 612 356 0702

Date work was performed: April 30 2024

Name of Company who performed the work: Grant Utilities

Address of Company who performed the work: 3561 Arcade St, St. Paul MN 55127-7135

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 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

ok to pay \$21,700 5-13-24 LM