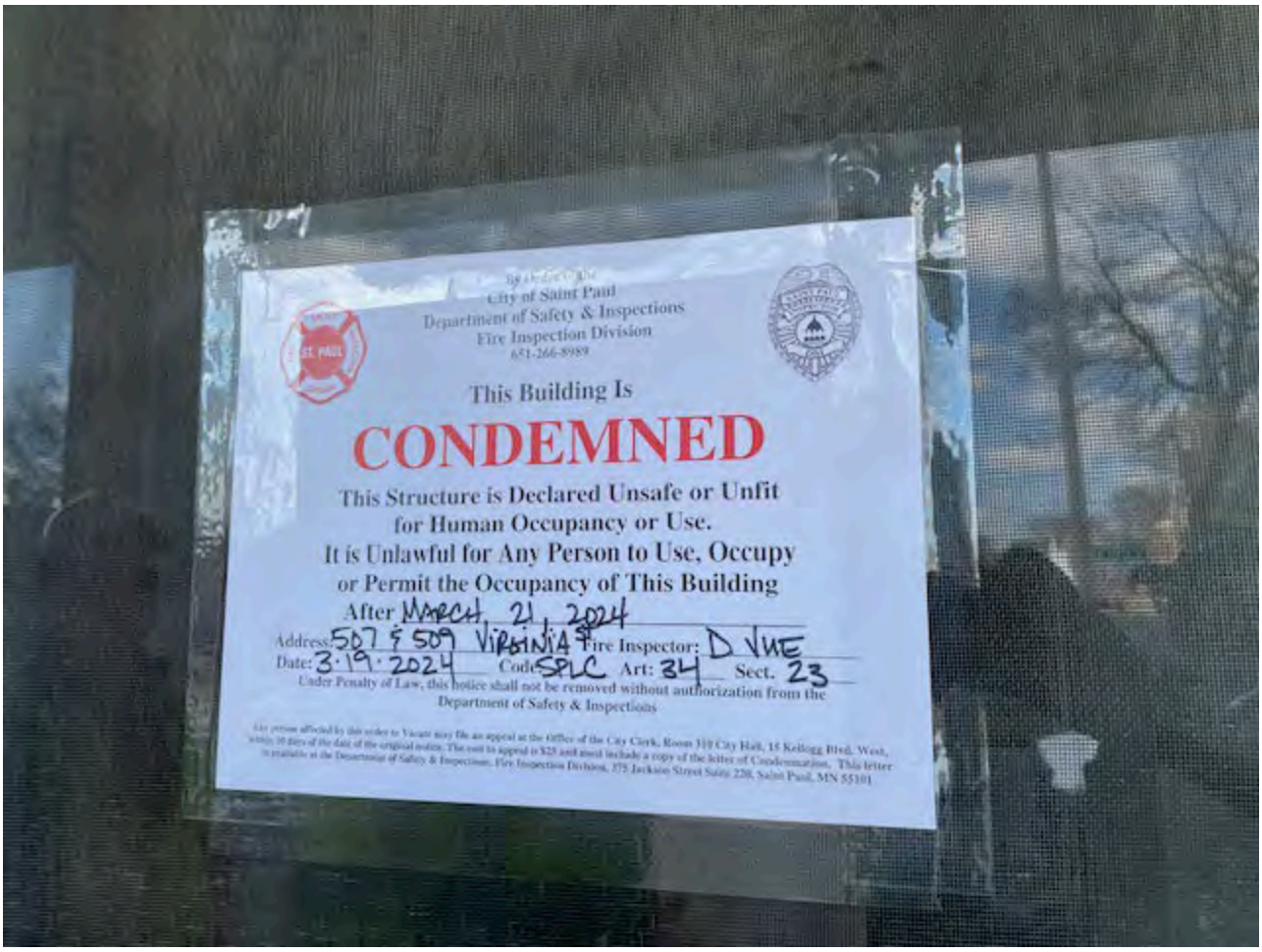
Date: March 21, 2024
File #: 24 - 020864
Folder Name: 507 VIRGINIA ST
PIN: 362923130183



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Date:	**March 21, 2024**
File #:	**24 - 020864**
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PIN:	**362923130183**

Unit 509

Date: March 21, 2024
File #: 24 - 020864
Folder Name: 507 VIRGINIA ST
PIN: 362923130183

Date: March 21, 2024
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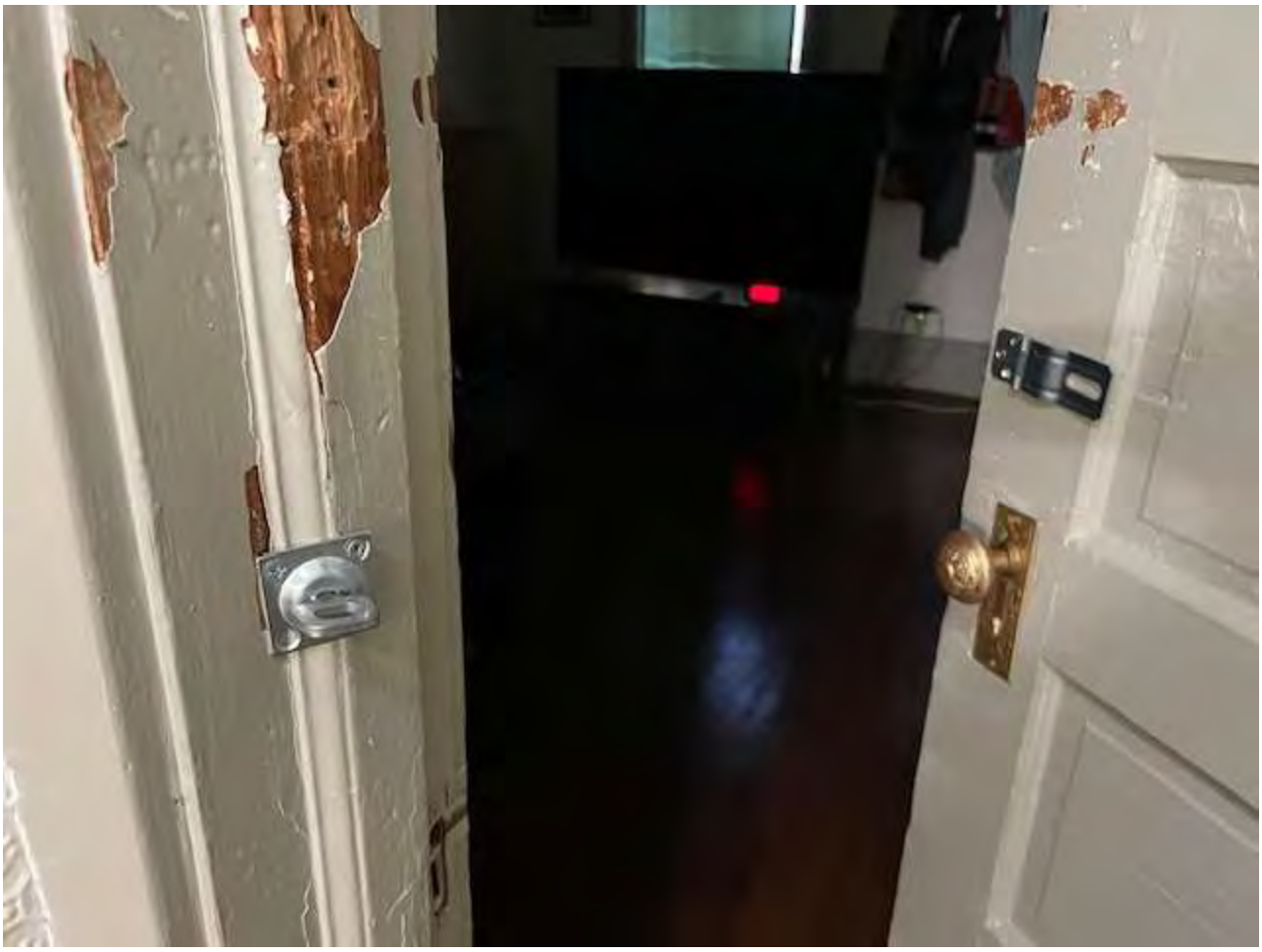

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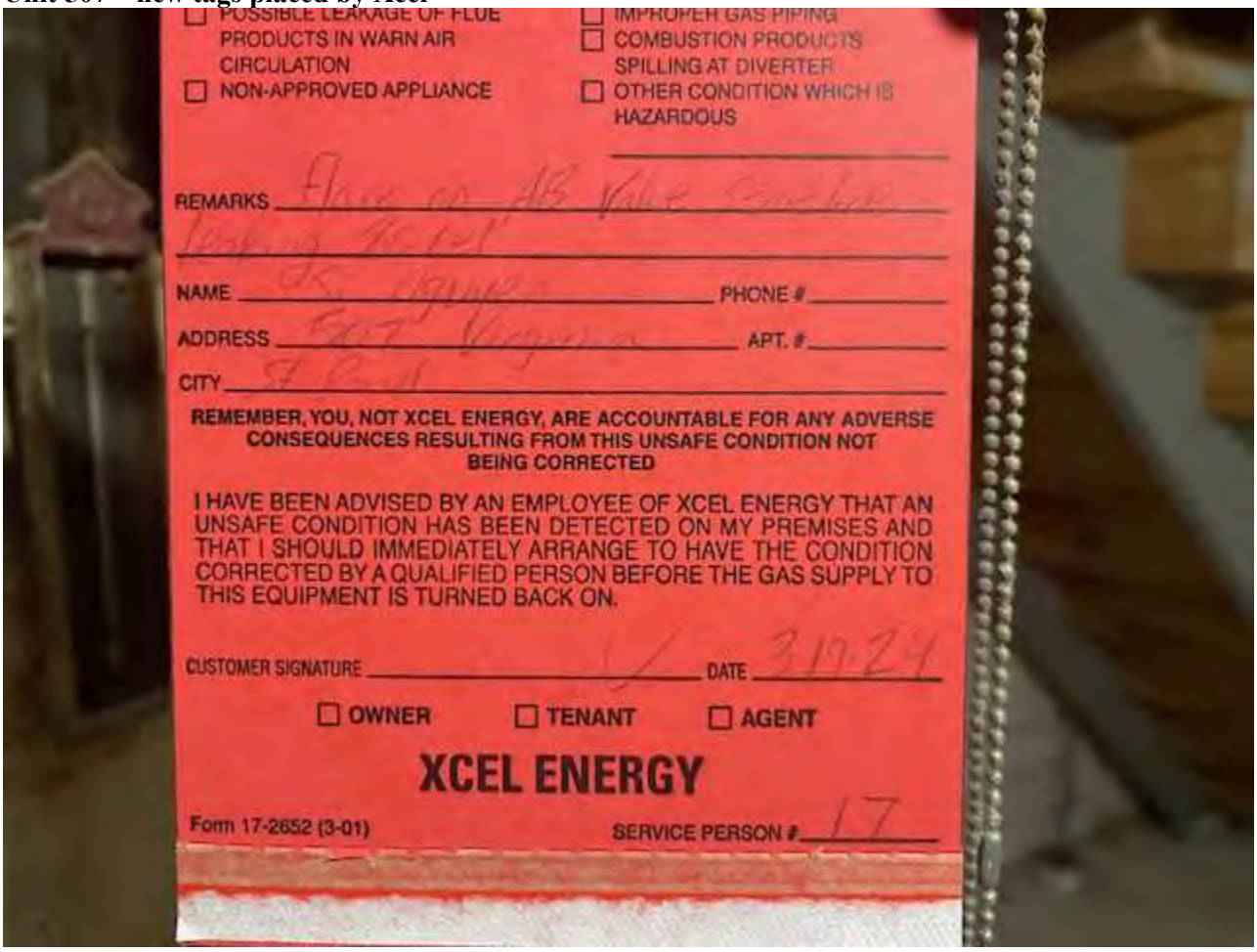
Unit 507

Date: March 21, 2024
File #: 24 - 020864
Folder Name: 507 VIRGINIA ST
PIN: 362923130183

Unit 507 - Red-Tagged by Xcel on 1/29/2024

Date: March 21, 2024
File #: 24 - 020864
Folder Name: 507 VIRGINIA ST
PIN: 362923130183

Unit 507 – new tags placed by Xcel



☐ POSSIBLE LEAKAGE OF FLUE PRODUCTS IN WARN AIR CIRCULATION
☐ IMPROPER GAS PIPING
☐ COMBUSTION PRODUCTS SPILLING AT DIVERTER
☐ NON-APPROVED APPLIANCE
☐ OTHER CONDITION WHICH IS HAZARDOUS

REMARKS Shut off AB Valve Emilio leaking at unit

NAME K. Aguilar PHONE #

ADDRESS 507 Virginia APT. #

CITY St. P.

REMEMBER, YOU, NOT XCEL ENERGY, ARE ACCOUNTABLE FOR ANY ADVERSE CONSEQUENCES RESULTING FROM THIS UNSAFE CONDITION NOT BEING CORRECTED

I HAVE BEEN ADVISED BY AN EMPLOYEE OF XCEL ENERGY THAT AN UNSAFE CONDITION HAS BEEN DETECTED ON MY PREMISES AND THAT I SHOULD IMMEDIATELY ARRANGE TO HAVE THE CONDITION CORRECTED BY A QUALIFIED PERSON BEFORE THE GAS SUPPLY TO THIS EQUIPMENT IS TURNED BACK ON.

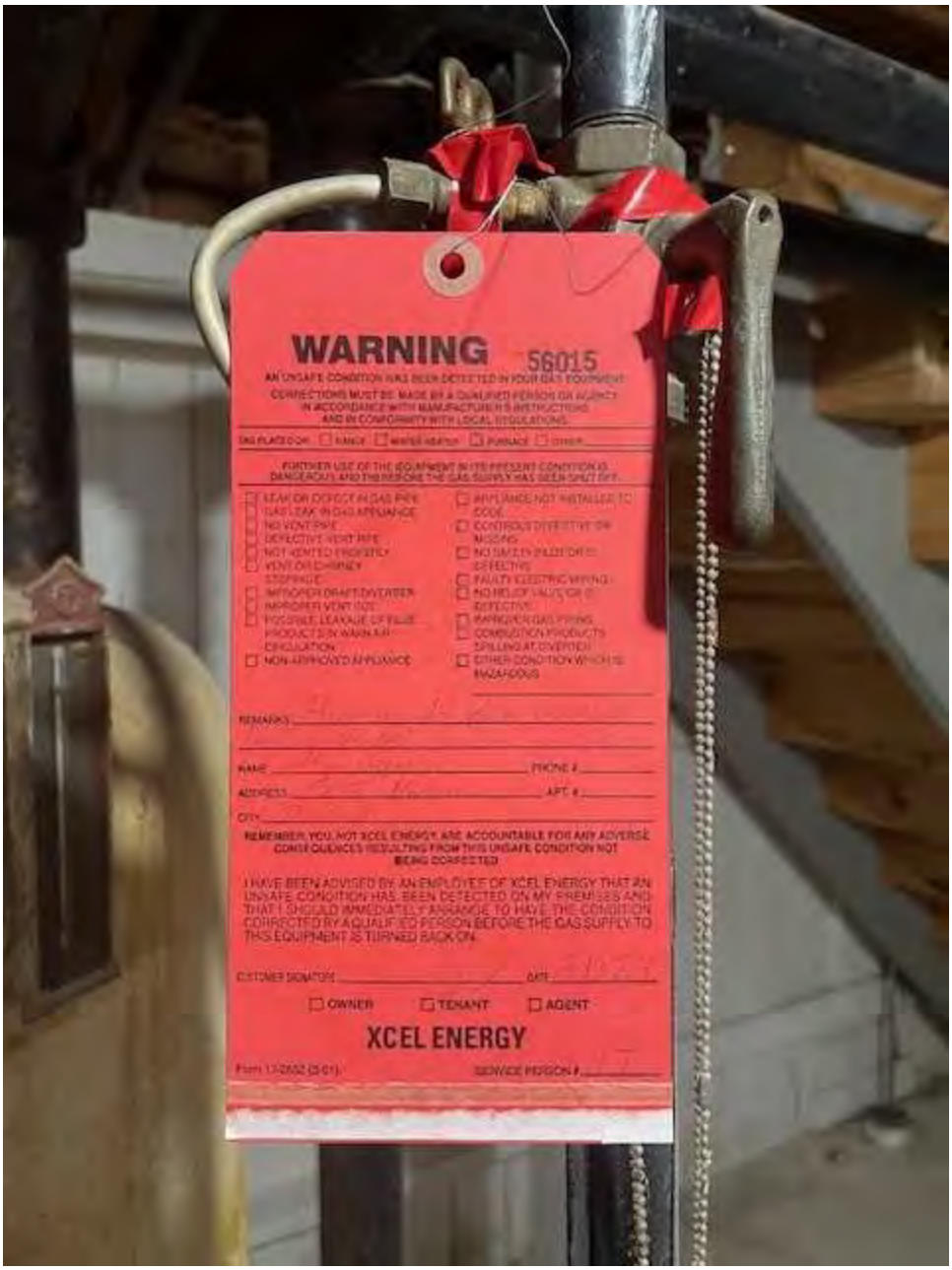
CUSTOMER SIGNATURE DATE 3.19.24

☐ OWNER ☐ TENANT ☐ AGENT

XCEL ENERGY

Form 17-2652 (3-01) SERVICE PERSON # 17

Date: March 21, 2024
File #: 24 - 020864
Folder Name: 507 VIRGINIA ST
PIN: 362923130183



Date: March 21, 2024
File #: 24 - 020864
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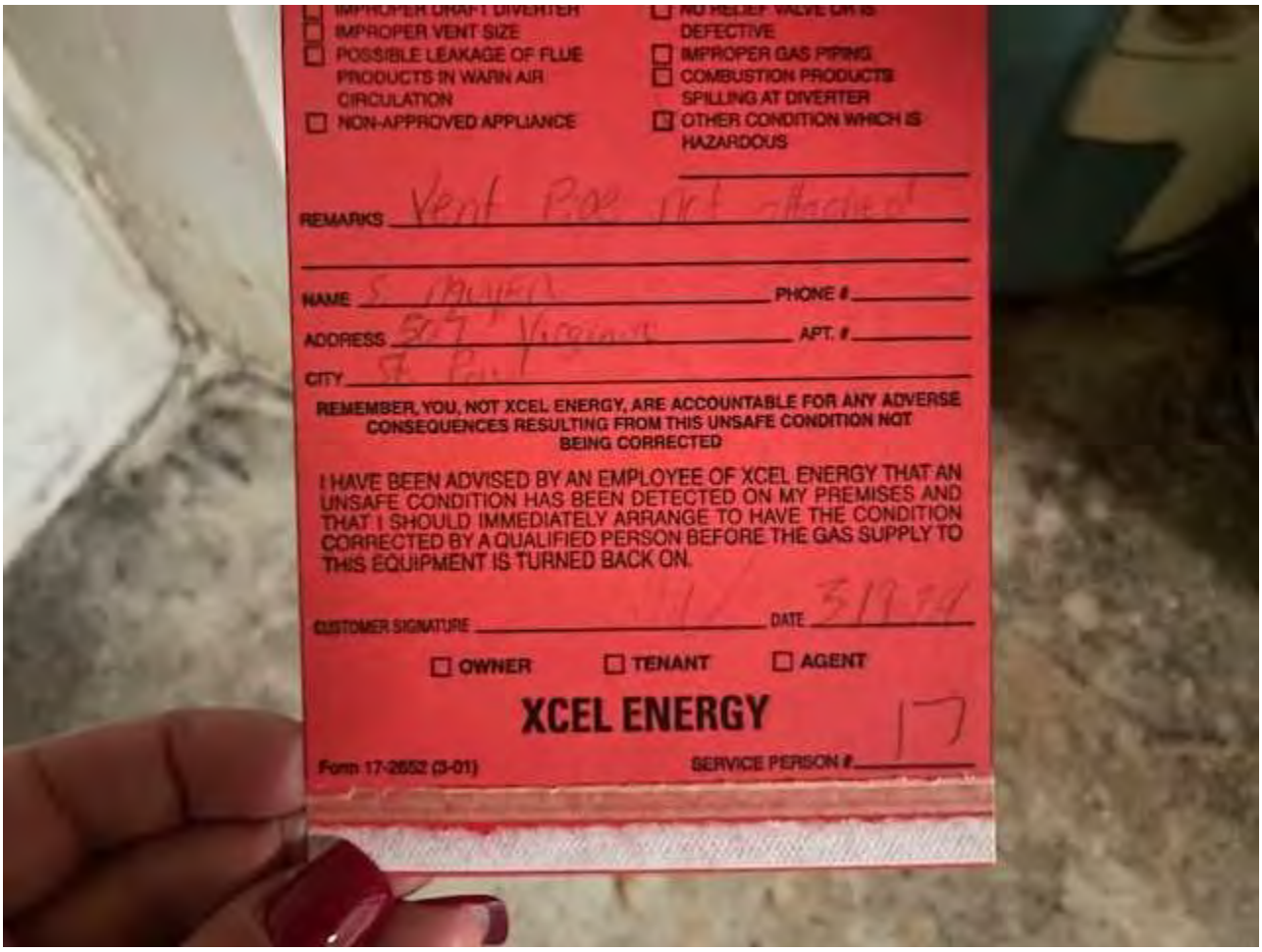

Date: March 21, 2024
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Folder Name: 507 VIRGINIA ST
PIN: 362923130183

Unit 509 – new tags placed by Xcel

Date: March 21, 2024
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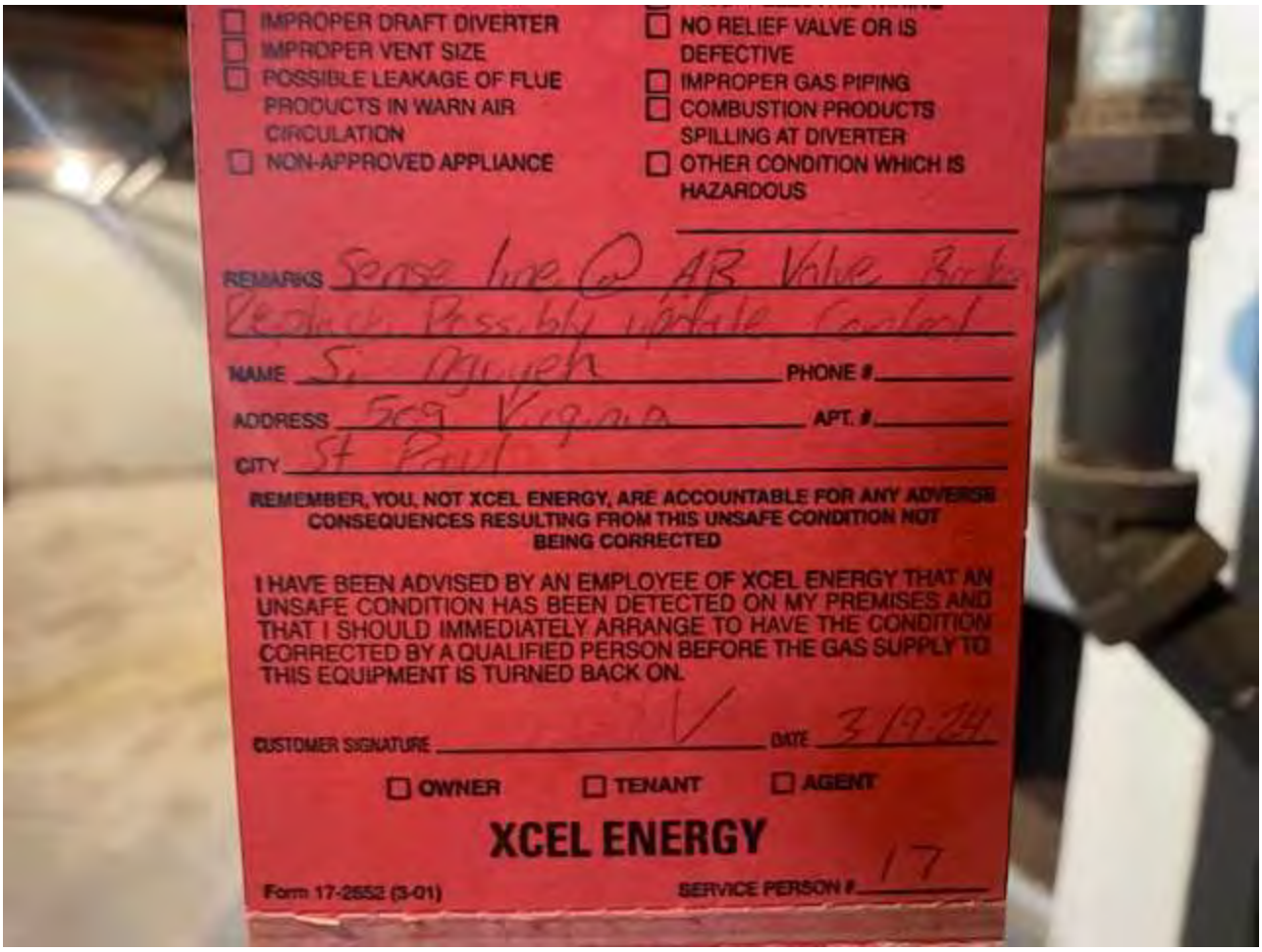
PIN: 362923130183



☐ IMPROPER DRAFT DIVERTER
☐ IMPROPER VENT SIZE
☐ POSSIBLE LEAKAGE OF FLUE PRODUCTS IN WARN AIR CIRCULATION
☐ NON-APPROVED APPLIANCE
☐ NO RELIEF VALVE OR IS DEFECTIVE
☐ IMPROPER GAS PIPING
☐ COMBUSTION PRODUCTS SPILLING AT DIVERTER
☐ OTHER CONDITION WHICH IS HAZARDOUS

REMARKS Sense line @ AR Valve Broke
Reduced Possibly Module Control

NAME S. Nguyen PHONE #

ADDRESS 509 Virginia APT. #

CITY St Paul

REMEMBER, YOU, NOT XCEL ENERGY, ARE ACCOUNTABLE FOR ANY ADVERSE CONSEQUENCES RESULTING FROM THIS UNSAFE CONDITION NOT BEING CORRECTED

I HAVE BEEN ADVISED BY AN EMPLOYEE OF XCEL ENERGY THAT AN UNSAFE CONDITION HAS BEEN DETECTED ON MY PREMISES AND THAT I SHOULD IMMEDIATELY ARRANGE TO HAVE THE CONDITION CORRECTED BY A QUALIFIED PERSON BEFORE THE GAS SUPPLY TO THIS EQUIPMENT IS TURNED BACK ON.

CUSTOMER SIGNATURE V DATE 3/19/24

☐ OWNER ☐ TENANT ☐ AGENT

XCEL ENERGY

Form 17-2552 (3-01) SERVICE PERSON # 17