

APPEAL APPLICATION FOR RENT STABILIZATION DETERMINATIONS

Saint Paul City Council – Rent Stabilization 310 City Hall, 15 W. Kellogg Blvd. Saint Paul, MN 55102 651-266-8568

CITY			
We need the following to process your appeal:	LER	HEARING DATE & TI	ME
 ★ \$25 filing fee (non-refundable (payable to the		(provided by Rent Stabilizati	on Appeals St a ff)
S25 filing fee (non-refundable (payable to the City of Saint Paul		DATE: JULY 17	, 2025
Copy of the Department of Safety & Inspections		TIME: 1:00	a m
Determination Letter		11mb	
* Attachments you may wish to include *attachments will		LOCATION OF HEARING:	
This appeal form completed be forthcoming		Room 330 Saint Paul City Hall 15 West Kellogg Blvd.	
Walk-InUS Mail		Saint Paul, MN 55102	
	J		
Address Being Appealed:			
gar horrow he 40	Saint Paul, MN		55104
Number & Street & Unit Number (if appliable)	City & State		Zip Code
1			
Appellant:			
Ehren Stemme	ahanson@hjcmn.org (attorney)		
Appellant Name	Email		
	651-391-8393 (attorney)		
Preferred Phone Number	Alternate Phone Number Tenant		
Signature & Today's Date	Is Appellant: Property Owner/ Manager OR Tenant?		
The contract of the contract o	10 / tppe	and a roporty of more many	
Dunanty Owner (if other than annalle	·****		
Property Owner (if other than appellad Judith Day	ini).		
Property Owner Name	Email		
Preferred Phone Number	Alternate Phone Number		
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What Is Being Appealed and Why?	Attachn	nents Are Acceptable	
Please see the attached cover letter.			
I am represented in this matter by Housing Justice C	enter Ple	ase direct communications	to my attorneys:
Jim Poradek (jporadek@hjcmn.org; 612-7233-0517)			