

Leonard N. Anderson  
559 S McKnight Road  
St. Paul, MN 55119  
Phone & Fax: 651-738-9696  
Cell: 651-233-4048  
E-Mail: [lnacdb@mninter.net](mailto:lnacdb@mninter.net)

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SIXTH REQUEST – 12/13/10

## URGENT – RESPONSE REQUIRED!

November 22, 2010

Robert Humphrey  
City of St. Paul – DSI  
Code Enforcement Division  
375 Jackson Street #220  
St. Paul, MN 55101

Phone: 651-266-9123  
Fax: 651-266-9122  
E-Mail: [robert.humphrey@ci.stpaul.mn.us](mailto:robert.humphrey@ci.stpaul.mn.us)

Dear Robert: I DEMAND A WRITTEN ANSWER TO THE FOLLOWING QUESTIONS AS TIME IS OF THE ESSENCE!

### Complaints:

1. Steve Magner
2. Paula Seeley

Recently I have had a problem with the actions of your inspectors mentioned above. Please investigate and send me a written report as to what corrective actions will be taken to remedy the problem with your Inspectors Magner and Seeley.

1. Please send me a detailed list of exactly what items I may legally have on my property at 559 South McKnight Road, as it is my intention to comply 100% with the law. Specifically I want to know why my winter barrel of sand/salt mixture for my driveway, snowplow, wheelbarrow, lawn chairs, park bench, swing, step ladder, garden hose, tools, outboard motor and firewood were taken from my property on September 8, 2010 by orders from Steve Magner.
2. Also include exactly what I may have in my pickup truck and trunk of my car as Paula Seeley has written that there is a problem with my pickup truck.

**CC: Shari Moore, City Clerk Phone: 651-266-8560 Fax: 651-266-8574**

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 **HealthPartners\***  
*Dental Clinics*

Please use the enclosed envelope  
and mail the completed survey to:

NRC Picker  
Survey Processing Center  
PO BOX 82660  
Lincoln, NE 68501-2660  
1-800-733-6714

\*\* 96800211 8434-PVEND-M551 \*\*



LEONARD ANDERSON  
559 MCKNIGHT RD S  
SAINT PAUL, MN 55119-6911

Dear Leonard Anderson,

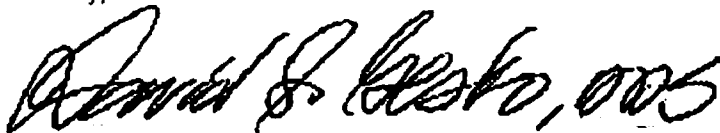
In an effort to continue to provide the best care and services to our patients, HealthPartners Dental Clinics surveys patients about their experiences at the dentist's office. You are one of the patients randomly selected to participate in this survey. Parents, please complete the questions if the visit was for your child. I can't emphasize enough how important this information is in helping us determine how we can improve the quality of care. I appreciate your willingness to share your opinions with us.

Enclosed is a survey asking about your experiences with **Saharla Jama, DDS at the Midway Clinic on March 1, 2010**. Please answer the questions and return the survey in the enclosed post-paid envelope. The survey will take about 15 minutes of your time. By participating in this survey, you will help guide future decisions on how our clinics provide care for all of our patients.

Please know that your survey responses are confidential. An independent survey company, NRC Picker, will receive and analyze the survey results. You are not required to participate, and whether or not you choose to participate, your care at HealthPartners will not be affected.

If you have any questions about the survey, please call 952-883-5177. Thank you in advance for your help and assistance. We look forward to continuing to provide dental care to you and your family.

Sincerely,



David Gesko, DDS  
SVP and Dental Director  
HealthPartners Dental Clinics