Repair Completion Form

TO BE FILLED OUT BY PROPERTY OWNER ONLY

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

Request	for	Assessment:
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I request that the Sewer Utility pay the attached invoice of \$ 6500 because sewer repair work has been completed to my satisfaction.

Property Address: 1040 Arthurght St, St Paul, MN 55/30
(Location where work was performed)

Owner's Name (print): Devon Yarbrough

Owner's Signature: Revon Morbourg

Owner's Address:

1040 Arkinsight St, St Paul, MN 55/30

(If different from property address)

ok to pay \$6500 3-6-24 LM

Owner's Telephone Number: 903, 204, 1294

Date work was performed: <u>\$\infty\$2/20/24</u>

Name of Company who performed the work: ASAP Unolong

Address of Company who performed the work: 2355 Farview Ave

Snite 371, Roseville, MN 55113

Phone number of company who performed the work: 651.493.3744

I understand that the costs of this work will be assessed against my property and that the City does not warrant the work done by my contractor. I further understand that contractual relationships between property owners and contractors do not include the City and so questions relating to the work done must be directed to my contractor.

Administration Fee:

I understand that the assessed charge against my property for this work will include a one-time fee of \$60.00 to process this assessment.

Payback period:

I understand that the contractor's cost, the City administrative fee, and interest charges will be collected through real estate taxes over a twenty-year period. Interest charges will be based on the fixed rate approved by the Saint Paul City Council and is subject to change without notice. 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

Repair Completion Form

TO BE FILLED OUT BY PROPERTY OWNER ONLY

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

	(Can 031-200-025+ if you have question)
Request for Assessment:	I request that the Sewer Utility pay the attached invoice of \$ 14,300 because sewer repair work has been completed to my satisfaction.
	Property Address: 2155 Wavkon Avenue, St. Paul, MN, 55/19 (Location where work was performed)
ok to pay	Owner's Name (print): Kyle Smith
614300 6-25-24 LM	Owner's Signature: July Smith
	Owner's Address:
	Owner's Telephone Number: 651-492-3650
	Date work was performed: 3-19-2024
	Name of Company who performed the work: Grant Utilities Inc.
	Address of Company who performed the work: 553 Como Ave
	St. Paul, MN, 55103
	Phone number of company who performed the work: 651 - 2 48 - 3696
	T 1 to 1 t

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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Payback period:

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Repair Completion Form

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

I request that the Sewer Utility pay the attached invoice of \$ 27,44.00 because sewer repair work has been Request for Assessment: because sewer repair work has been completed to my satisfaction.

(Location where work was performed) Property Address:

Owner's Name (print): David Cahan

Owner's Signature:

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

Owner's Telephone Number: (608) 567-7447

Date work was performed:

Name of Company who performed the work: Benjamin Franklin

Address of Company who performed the work: 9431 Alpine Prive

Phone number of company who performed the work: (763) 427-1000

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:

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

PW-SewerAssessment@ci.stpaul.mn.us

TO BE FILLED OUT BY PROPERTY OWNER ONLY

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

Request for Assessment

I request that the Sewer Utility pay the attached involce of \$ 6456. because sewer repair work has been completed to my satisfaction.

Property Address 1192 Edge to St 30

Owner SName (print): Liza CAROL Chigos Owner > Signature

Owner's Address: Same

(If different from property address)

Owner's Telephone Number: 585-739-5492

Date work was performed; 423 2024

Name of Company who performed the work. MAB Services

Address of Company who performed the work: 2022 posted aco.

gederal of states and see some 27498 Oliver Tr Linksham

Phone number of company who performed the work 661 900-9704

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 confractor.

Administration Fee:

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Payback period:

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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:

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 U
A TOTAL MARKET	A A COMEST BRIME BRIC DEVICE OF

I request that the Sewer Utility pay the attached invoice of \$ 6 000 because sewer repair work has been completed to my satisfaction.

Property Address: 2118 Ministrata Ave E St Paul MV (Location where work was performed) 55119

Owner's Name (print): Stanker Barrault

Owner's Signature: Are Laure St Paul (If different from property address) MN 55119

Owner's Telephone Number: 651-253-3399

Date work was performed: 1/5/2024

Name of Company who performed the work: ASAP Underground

Address of Company who performed the work: 2355 Fairlieu Ave Sile 371, Roswille MN 56113

Phone number of company who performed the work: 651-493-3744

ok to pay \$6000 1-8-24 LM

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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Payback period:

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Waiver of Appeal:

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

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

May also be faxed or emailed:

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

Repair Completion Form

TO BE FILLED OUT BY PROPERTY OWNER ONLY

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

Request for Assessment:	ent: I request that the Sewer Utility pay the attached invoice of \$\frac{8}{250}\$ because sewer repair work has been completed to my satisfaction.		
	Property Address: 187 Sichey St. W (Location where work was performed)		
	Owner's Name (print): Emma Hohlen		
	Owner's Signature: Cura W		
	Owner's Address: (If different from property address)		
	Owner's Telephone Number: (763) 218 9910		
	Date work was performed: 01/04/2024		
	Name of Company who performed the work: ASAP Underground		
	Address of Company who performed the work: 2355 CR-98		
	Unit 371 Saint Paul, MN, 55113		
	Phone number of company who performed the work: (151) 493 3744		
	I understand that the costs of this work will be assessed against my property and that the City does not warrant the work done by my contractor. I further understand that contractual relationships between property owners and contractors do not include the City and so questions relating to the work done must be directed to my contractor.		
Administration Fee:	I understand that the assessed charge against my property for this work will include a one-time fee of \$60.00 to process this assessment.		
	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.		
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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 \$ 7300 because sewer repair work has been completed to my satisfaction.
	Property Address: 49 Sarlens St. St. Paul, MN 55 119 (Location where work was performed)
	Owner's Name (print). Benjamin Agbo
	Owner's Signature:
ok to pay	Owner's Address: 49 Davilene St. St. Paul MN 35119 (If different from property address)
\$7300 1-29-24 LM	Owner's Telephone Number: <u>651-771-7632</u>
,	Date work was performed: DI-11-2024
	Name of Company who performed the work: ROTO ROOTER
	Address of Company who performed the work: 14530 27 th
	Ave N Plymouth MN. 55447
	Phone number of company who performed the work:
	I understand that the costs of this work will be assessed against my property and that the City does not warrant the work done by my contractor. I further understand that contractual relationships between property owners and contractors do not include the City and so questions relating to the work done must be directed to my contractor.
Administration Fee:	I understand that the assessed charge against my property for this work will include a one-time fee of \$60.00 to process this assessment.
Payback period:	I understand that the contractor's cost, the City administrative fee, and interest charges will be collected through real estate taxes over a twenty-year period. Interest charges will be based on the fixed rate approved by the Saint Paul City Council and is subject to change without notice. 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 o	out form, along with a copy of the contractor's final invoice to:

St. Paul Sewer Utility, 700 City Hall Annex, 25 W. 4th St. St. Paul. MN 55102. May also be faxed or emailed: Fax number: 651-298-5621; Email address: PW-SewerAssessment@ci.stpaul.mn.us

Repair Completion Form

TO BE FILLED OUT BY PROPERTY OWNER ONLY

	(Call 651-266-6234 if you have questions)		
Request for Assessment:	I request that the Sewer Utility pay the attached invoice of \$ \\ \frac{1}{6.01}\) because sewer repair work has been completed to my satisfaction.		
	Property Address: 1008 Albertale St (Location where work was performed)		
	Owner's Signature: Owner's Signature: Owner's Signature:		
to pay 116.01	Owner's Address: (If different from property address)		
13-24 LM	Owner's Telephone Number: 701-390-7030 Data work was performed: 2/1/24		
	Name of Company who performed the work: Dean's Home Service		
	Address of Company who performed the work: 7400 KIRKWOOD CT MAPLE GROVE, MN 553		
	Phone number of company who performed the work: 763 Z19 1708		
	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.		
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Please return this filled ou	it form, along with a copy of the contractor's final invoice to:		

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Repair Completion Form

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Request for Assessment:	I request that the Sewer Utility pay the attached invoice of \$_\lorerrightarrow\infty \lorerrightarrow\infty.\overline{\mathcal{UD}}\) because sewer repair work has been completed to my satisfaction.		
	Property Address: 1124 LAFOND AVENUE, SAINT PAUL, MN 55104 (Location where work was performed)		
ok to pa y \$10750 4-1-24 LM	Owner's Name (print): 651.295.7333 AND 651.373.6956		
	Owner's Signature: Michelle R. Tohelle Laurn Whole		
	Owner's Address: 1858 GOODRICH AVENUE, SAINT PAUL, MN 55105		
	(If different from property address)		
	Owner's Telephone Number: MICHELLE AND LAUREN WHEELER		
	Date work was performed: ESTIMATED DATE 03/26/2024		
	Name of Company who performed the work: M&B SERVICES		
	Address of Company who performed the work:		
	27498 Olinda Trail, 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:

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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:

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Repair Completion Form

TO BE FILLED OUT BY PROPERTY OWNER ONLY

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

R	eanest	for	Assessm	ent

I request that the Sewer Utility pay the attached invoice of \$_11500 because sewer repair work has been completed to my satisfaction.

Property Address: 1361 Edmund Ave.
(Location where work was per

Owner's Name (print): __

Owner's Signature:

Owner's Address:

ok to pay \$11500 4-1-24 LM

Owner's Telephone Number:

Date work was performed: 3-2

Name of Company who performed the work: Benjain Fran

Address of Company who performed the work: 92

Kamsey MN 55303

Phone number of company who performed the work: 763 -

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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during this twenty-year period without penalty.

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May also be faxed or emailed:

Fax number: 651-298-5621: Email address:

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Repair Completion Form

TO BE FILLED OUT BY PROPERTY OWNER ONLY

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

Request for Assessment:	I request that the Sewer Utility pay the attached invoice of \$ \(\frac{\text{\$000}}{\text{\$000}} \) because sewer repair work has been completed to my satisfaction.		
	Property Address: (Location where work was performed)		
	Owner's Name (print): Acath Harington		
	Owner's Signature:		
	Owner's Address: (GOISP ST ST Pay MM Off different from property address)		
ok to pay \$8000	Owner's Telephone Number: 6/2-987-5629		
2-5-24 LM	Date work was performed: //20/2025		
	Name of Company who performed the work: ASGP GARGONAL		
	Address of Company who performed the work:		
	2355 FAIrview Ave #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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Waiver of Appeal:	As owner of the property listed below, I agree to waive my right to appeal this assessment.		
Please return this filled on	t form along with a serve of the section to 2 ft 1 is the		

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

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Fax number: 651-298-5621; Email address:

PW-SewerAssessment@ci.stpaul.mn.us

Repair Completion Form

TO BE FILLED OUT BY PROPERTY OWNER ONLY

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

Request for Assessment:	I request that the Sewer Utility pay the attached invoice of \$ 7.567.		
	Property Address: 270 PELHAM BLVD (Location where work was performed)		
	Owner's Name (print): 15A KOHNER		
	Owner's Signature:		
ok to pay	Owner's Address: 270 PELHAM BLVD (If different from property address)		
67567	Owner's Telephone Number: (612) 749-1460		
2-5-24 LM	Date work was performed: 1/30/24		
	Name of Company who performed the work: Roto Rooter		
	Address of Company who performed the work: 14530 27 AVE N		
	Phone number of company who performed the work: (763) 519-3977		
	I understand that the costs of this work will be assessed against my property and that the City does not warrant the work done by my contractor. I further understand that contractual relationships between property owners and contractors do not include the City and so questions relating to the work done must be directed to my contractor.		
Administration Fee:	I understand that the assessed charge against my property for this work will include a one-time fee of \$60.00 to process this assessment.		
Payback period:	I understand that the contractor's cost, the City administrative fee, and interest charges will be collected through real estate taxes over a twenty-year period. Interest charges will be based on the fixed rate approved by the Saint Paul City Council and is subject to change without notice. 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.		
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PW-SewerAssessment@ci.stpaul.mn.us

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 \$ 9650 because sewer repair work has been completed to my satisfaction.			
	Property Address: 1666 Hya Cinth AVe 5 (Location where work was performed)			
	Owner's Name (print): LATORIA CRAWFOG			
	Owner's Signature: (1) 4 (1) (1) (1)			
ok to pay \$9650	Owner's Address: (If different from property address)			
2-5-24 LM	Owner's Telephone Number: <u>b51 313-35 06</u>			
	Date work was performed: 112512024			
	Name of Company who performed the work:			
	Address of Company who performed the work: 109 00 Hampshire			
	Suite 120 Bloomington MN 55438			
	Phone number of company who performed the work: 612) 827-4674			
	I understand that the costs of this work will be assessed against my property and that the City does not warrant the work done by my contractor. I further understand that contractual relationships between property owners and contractors do not include the City and so questions relating to the work done must be directed to my contractor.			
Administration Fee:	I understand that the assessed charge against my property for this work will include a one-time fee of \$60.00 to process this assessment.			
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Repair Completion Form

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

Request	for	Assessment:
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I request that the Sewer Utility pay the attached invoice of \$ 5500 because sewer repair work has been completed to my satisfaction.

Property Address: 143 Winona ST E (Location where work was performed)

Owner's Name (print): Daniel Moni-

ok to pay \$5500 2-21-24 LM Owner's Signature:

Owner's Address:

Owner's Telephone Number: 6512632243

Date work was performed: 2 - 13 - 2024

Address of Company who performed the work: 2355 fairview Ave

Roseville MN

Phone number of company who performed the work: 6514933744

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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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 \$ 9067.00 because sewer repair work has been completed to my satisfaction.
	Property Address: 791 WHITE BEAR (Location where work was performed)
	Owner's Name (print): DAVID THAO
	Owner's Signature:
ok to pay	Owner's Address: 791 WHITE BEAR (If different from property address)
\$9067 2-22-24 LM	Owner's Telephone Number: 651 - 497 - 7414
	Date work was performed: 2 - 14 - 2024
	Name of Company who performed the work: ROTOR ROOTER
	Address of Company who performed the work: 14530 27th
	AVE. N. MINNEAPOLIS, MN 554
	Phone number of company who performed the work: $763 - 519 - 3977$
	I understand that the costs of this work will be assessed against my property and that the City does not warrant the work done by my contractor. I further understand that contractual relationships between property owners and contractors do not include the City and so questions relating to the work done must be directed to my contractor.
Administration Fee:	I understand that the assessed charge against my property for this work will include a one-time fee of \$60.00 to process this assessment.
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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

Repair Completion Form

TO BE FILLED OUT BY PROPERTY OWNER ONLY

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

	I request that the Sewer Utility pay the attached invoice of \$ 8399.00
Request for Assessment:	because sewer repair work has been completed to my satisfaction.
	Property Address: 1675 Forg Lewood Ave (Location where work was performed) Paul, MN 557
	Owner's Name (print): Andra Petschaua
1.	Owner's Signature: Chulu Vitates
ok to pay \$8399 2-21-24 LM	Owner's Address: 1675 Englawood Ave Stant, Mr 57104 (If different from property address)
2-21-24 Livi	Owner's Telephone Number: 651-336-7366
	Date work was performed: 2/13/24
	Name of Company who performed the work: 100 200 to
	Address of Company who performed the work:
	14530 ZTh Ave. Na Muneyolis Mis 85447
	Phone number of company who performed the work. \$\frac{763}{3} - \frac{519}{3} - \frac{3977}{3}\$
	I understand that the costs of this work will be assessed against my property and that the City does not warrant the work done by my contractor. I further understand that contractual relationships between property owners and contractors do not include the City and so questions relating to the work done must be directed to my contractor.
Administration Fee:	I understand that the assessed charge against my property for this work will include a one-time fee of \$60.00 to process this assessment.
Payback period:	I understand that the contractor's cost, the City administrative fee, and interest charges will be collected through real estate taxes over a twenty-year period. Interest charges will be based on the fixed rate approved by the Saint Paul City Council 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

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 \$ 7394.50 because sewer repair work has been completed to my satisfaction.
	Property Address: 680 Tessamol Ac W (Location where work was performed)
	Owner's Name (print): Jeff Navabrook Owner's Signature: Jeff Navabrook
	Owner's Signature: Jeff Narabrowll
ok to pay \$7394.50	Owner's Address: (If different from property address)
3-18-24 LM	Owner's Telephone Number: 651 - 207 - 7754
	Date work was performed: $11-9-23$
	Name of Company who performed the work: A-Z Underground
	Address of Company who performed the work: 5720 Fnt. Parknay, New Hope 55428
	Phone number of company who performed the work: 612 238 970
	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 o	ut form, along with a copy of the contractor's final invoice to:

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

May also be faxed or emailed:

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

Repair Completion Form

TO BE FILLED OUT BY PROPERTY OWNER ONLY

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

1,70	999 63
Request for Assessment:	I request that the Sewer Utility pay the attached invoice of \$ 989 \$. 63 because sewer repair work has been completed to my satisfaction.
	Property Address: 1468 St Albans St N (Location where work was performed)
	Owner's Name (print): Alyssa Manno
	Owner's Signature: Wyssa Ulw
ok to pay \$9898.63	Owner's Address: (If different from property address)
3-18-24 LM	Owner's Telephone Number: <u>612-991-1525</u>
	Date work was performed: $\frac{2/13/2024}{}$
	Name of Company who performed the work: Dean's Home Service
	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.
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Please return this filled o	out form, along with a copy of the contractor's final invoice to:
St. Paul Sewer Utility,	May also be faxed or emailed:

700 City Hall Annex,

St. Paul, MN 55102.

25 W. 4th St.

Fax number: 651-298-5621; Email address:

Revised 2/27/2023

PW-SewerAssessment@ci.stpaul.mn.us

Repair Completion Form

TO BE FILLED OUT BY PROPERTY OWNER ONLY

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

Request for Assessment;	I request that the Sewer Utility pay the attached invoice of \$ 27,800.00 because sewer repair work has been completed to my satisfaction.
	Property Address: 1631 Montreal Ave (Location where work was performed)
	Owner's Name (print): Michele Matures
	Owner's Name (print): Michele Mature, Owner's Signature: M. Maturen
ok to pay \$27800	Owner's Address: (If different from property address)
3-18-24 LM	Owner's Telephone Number: 657-230-3073
	Date work was performed: 1/16/24; 2/26/24; 2/12/24
	Name of Company who performed the work: Rote Rooter
	Address of Company who performed the work: 14530 27th Ave N Mpls, MN 55447
	Phone number of company who performed the work: (763) 519 - 397
	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	t form, along with a copy of the contractor's final invoice to:
C: P 10	20000 344

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

'mowledgment Form for the Repair of Defective Connection Joints

and are responsible for the maintenance and repair of the private sewer

City of Saint Paul Sewer Assessment Program

Repair Completion Form

TO BE FILLED OUT BY PROPERTY OWNER ONLY (Call 65)

Request for Assessment:	(Call 651-266-6234 if you have questions)	1209.00
	(Call 651-266-6234 if you have questions) I request that the Sewer Utility pay the attached invoice of 5 because sewer repair work has been completed to my satisfact	809 (100)

(Location when Place ST Paul, Mr. SSIIC because sewer repair work has been completed to my satisfaction. Property Address: (Location where work was performed)

Owner's Name (print): SUS an M.

Owner's Signature: / 1100m Y

Owner's Address: 2035 BOYANEY

(If different from property address)

Owner's Telephone Number: 451-334-208

Date work was performed: 3

Name of Company who performed the work: Boto Booter Services Co.

Address of Company who performed the work:

14530 27th Ave N & Minneapolis, Ma 55447

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

I understand that the costs of this work will be assessed against my property and that the City does not warrant the work done by my contractor. I further understand that contractual relationships between property owners and contractors do not include the City and so questions relating to the work done must be directed to my contractor.

Administration Fee:

I understand that the assessed charge against my property for this work will include a one-time fee of \$60.00 to process this assessment.

Payback period:

ok to pay

3-18-24 LM

\$8399

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.

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

Waiver of Appeal:

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

La faved or emailed: 11 address:

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 \$ 6432
•	because sewer repair work has been completed to my satisfaction.

Property Address: 70 Stevens St & St, Paul MN 55107
(Location where work was performed)

ok to pay \$6432 4-15-24 LM

Owner's Name (print): Adan Hernondez Buseno

Owner's Signature: Adwhemmelw Brive

Owner's Address: 70 Stevens 51 EST Paul MV 55107 (If different from property address)

Owner's Telephone Number: 651-671 -430 9

Date work was performed: 4/23 / 2024

Name of Company who performed the work: 20to - Rootev

Address of Company who performed the work: 14530 77th the

m. nneapolis no 55447

Phone number of company who performed the work: 747-519-3977

I understand that the costs of this work will be assessed against my property and that the City does not warrant the work done by my contractor. I further understand that contractual relationships between property owners and contractors do not include the City and so questions relating to the work done must be directed to my contractor.

Administration Fee:

I understand that the assessed charge against my property for this work will include a one-time fee of \$60.00 to process this assessment.

Payback period:

I understand that the contractor's cost, the City administrative fee, and interest charges will be collected through real estate taxes over a twenty-year period. Interest charges will be based on the fixed rate approved by the Saint Paul City Council and is subject to change without notice. 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

Repair Completion Form

	:	TO BE FILLED OUT BY PROPERTY OWNER ONLY (Call 651-266-6234 if you have questions)
	Request for Assessmen	I request that the Sewer Utility pay the attached invoice of \$\(\frac{8493}{2}\) because sewer repair work has been completed to my satisfaction.
ok to pay		Property Address: (Location where work was performed)
ok to pay \$8493		Owner's Name (print): New Horizon Real Estate Inv. LLC (Mikias Lulseged)
4-15-24		Owner's Signature: Mikias Lulsaged
LM		Owner's Address: 11499 Halstead Tr, Woodbury MN 55129 (If different from property address)
		Owner's Telephone Number: 651-592-3468
		Date work was performed: 4-8-24
		Name of Company who performed the work: Commercial Utilities Inc.
		Address of Company who performed the work: 1146 East 7 55
		ST. Paul, m N 55/06
		Phone number of company who performed the work: Let 1- 226-6891
		I understand that the costs of this work will be assessed against my property and that the City does not warrant the work done by my contractor. I further understand 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. City Council and is subject to change without notice. The current rate is 4.48%. Interest charges will be based on the fixed rate approved by the Saint Paul also understand that I may pay the unpaid assessed balance in full at any time during this twenty-year period without penalty.
	Waiver of Appeal:	as owner of the property listed below, I agree to waive my right to appeal this
	Please return this filled out	form, along with a copy of the contractor's final invoice to:
	St. Paul Sewer Utility,	of the contractor's final invoice to:
	700 City Hall Annex	May also be faxed or emailed:
	25 W. 4th St.	rax number: 651-208-5621, r
	St. Paul, MN 55102.	PW-SewerAssessment@ci.stpaul.mn.us
		Revised 2/27/2023

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 \$ 9,900 because sewer repair work has been completed to my satisfaction.
	Property Address: 973 Rhemasle St-Saint Paul, MN (Location where work was performed) 55/17
	Owner's Name (print): Manicola Blancas
	Owner's Signature:
ok to pay \$9900 4-15-24	Owner's Address: Sawe (If different from property address)
4-13-24 LM	Owner's Telephone Number: 651-373-7481
	Date work was performed: 49/24
	Name of Company who performed the work: ROTO - ROOTER
	Address of Company who performed the work: 14530 23th Ave N.
	Plymouth, MN SSYY7
	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 ou	t form, along with a conv of the contractor's final invoice to

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

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

Repair Completion Form

TO BE FILLED OUT BY PROPERTY OWNER ONL!

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

Request for Assessment:	I request that the Sewer Utility pay the attached invoice of \$ 15227.00 because sewer repair work has been completed to my satisfaction.
	Property Address: (Location where work was performed)
	Owner's Name (print): 1997 23 12 12 12 12 12 12 12 12 12 12 12 12 12
	Owner's Signature:
ok to pay	Owner's Address: (If different from property address)
\$15227 4-15-24 LM	Owner's Telephone Number: 651-666-0039
LIVI	Date work was performed: 4/4/24
	Name of Company who performed the work: Roto-Rooter
	Address of Company who performed the work: 14530 272
	Ave N. Minneapolis, 55947
	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 Appent:	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@cl.stpaul.mn.us Revised 2/27/2023

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 \$15,630 because sewer repair work has been completed to my satisfaction.
ok to pay \$15630 4-15-24	Property Address: 2166 Berkeley Ave, St Paul, MN 55105 (Location where work was performed)
	Owner's Signature: (Location where work was performed) Michael Sallberg Owner's Signature:
	Owner's Address:(If different from property address)
LM	Owner's Telephone Number: 407-919-9887
	Date work was performed: 3/19/24
	Name of Company who performed the work: Grant Acquisition LLC DBA A-Z Underground
	Address of Company who performed the work:
	5718 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.
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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.	May also be faxed or emailed: Fax number: 651-298-5621; Email address: PW-SewerAssessment@ci.stpaul.mn.us

Revised 2/27/2023

25 W. 4th St.

St. Paul, MN 55102.