

CITY OF SAINT PAUL - DEPARTMENT OF SAFETY AND INSPECTIONS 375 Jackson Street, Suite 220 Saint Paul, MN 55101-1806

General Information: 651-266-8989

Fax: 651-266-9124 www.stpaul.gov/dsi

Sale of Vacant Building **Statement of Intent**

| RE: (Vacant Property Address) 947 BARCLAY ST. |
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| |
| OWNER |
| I, (Printed Name of Buser) AHMAD KIAN |
| the undersigned, certify that the amount of money in a (Type of Account) |
| WELLS FARGO PRIME Checkentaccount ending with the last four digits 8700 |
| at (Name of Bank/Financial Institution) WELLS FALGO |
| will cover the purchase pure and the estimated cost of repairs identified in the Code |
| Compliance Report for the above address and that the funds in the account will be |
| applied as payment for completion of those required repairs. |
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| Furthermore, I intend to purchase this property (Expected Closing Date) |
| and to complete the required Code Compliance repairs there prior to (Expected Rehab |
| Completion Date) $\frac{8/16/2018}{}$. |
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| Signature: 1 Date: 2/26/2018 |