

March 12, 2021

APPEAL REGARDING CASE NUMBER 7650

To Whom it May Concern

On February 24, 2021, I lost my upper body strength and could not reach my phone to tell my driver my garage code.

The paramedics came and "broke" my side garage open so they could get in.

I told them not to request a repair as my contractor was on her way over and I told the paramedics that she would secure the door.

The paramedic said he accidentally sent the request and not sure if it could be stopped. My contractor placed a note on the side garage door that the door was fixed. The City didn't care.

Two days later I receive a bill for \$427.00.

I am appealing this charge.

I am disabled and cannot afford this amount.

If the paramedics and City would have listened to us, I never would have received this bill.

Please accept my appeal. I NEVER gave them permission to secure the door as my contractor was on her way over to fix and secure the side garage door.

Everyone knows my garage code (it'll never happen again), i have a lifeline around my neck at home.

Thank you


Jacqueline Heintz
1358 Phalen Boulevard
Saint Paul MN 55106
651-600-0240

Cc: Attorney- V. Courtney
File



CITY OF SAINT PAUL

375 Jackson Street, Suite 220
St Paul, Minnesota 55101-1806

Telephone: 651-266-8989
Facsimile: 651-266-9124
Web: www.stpaul.gov/dsi

February 26, 2021

Jacqueline M Heintz
1358 Phalen Blvd
St Paul MN 55106-2145

Dear Sir or Madam:

The City of St. Paul has recently ordered the property at 1358 PHALEN BLVD to be secured, on Wednesday February 24, 2021 at 9:45am. This work was authorized by the responding St. Paul Fire Department (case#7650). The cost of this action is \$265.00 plus City of Saint Paul administration fees of \$162.00.

This work was ordered by a City official to abate a nuisance condition which comprised an emergency. The Department of Safety and Inspections, Code Enforcement Division, can provide more detailed information on this nuisance condition upon request.

In several weeks, the registered property owner will receive notice of an assessment against the property for \$427.00 in charges. At that time, there will be the opportunity to pay the assessment to the City of Saint Paul Office of Real Estate Assessments or appeal the charges before the Legislative Hearing Office and City Council. Note: this assessment CANNOT be paid directly to the Department of Safety and Inspections.

The Office of Real Estate Assessments can be reached at 651-266-8858. If you have any other questions, you can contact me at 651-266-1920.

Sincerely,

Joe Yannarelly
Code Enforcement Inspector

NOTICE OF CLAIM FORM to the City of Saint Paul, Minnesota

Minnesota State Statute 466.05 states that "...every person...who claims damages from any municipality...shall cause to be presented to the governing body of the municipality within 180 days after the alleged loss or injury is discovered a notice stating the time, place, and circumstances thereof, and the amount of compensation or other relief demanded."

Please complete this form in its entirety by clearly typing or printing your answer to each question. If more space is needed, attach additional sheets. Please note that you will not be contacted by telephone to clarify answers, so provide as much information as necessary to explain your claim, and the amount of compensation being requested. You will receive a written acknowledgement once your form is received. The process can take up to ten weeks or longer depending on the nature of your claim. This form must be signed, and both pages completed. If something does not apply, write 'N/A'.

**SEND COMPLETED FORM AND OTHER DOCUMENTS TO: CITY CLERK,
15 WEST KELLOGG BLVD, 310 CITY HALL, SAINT PAUL, MN 55102**

First Name Jacqueline Middle Initial M Last Name Heintz

RECEIVED

Company or Business Name _____

MAR 13 2021

Are You an Insurance Company? Yes / No If Yes, Claim Number? _____

CITY CLERK

Street Address 1358 Phalen Blvd

City St Paul State MN Zip Code 55106

Daytime Phone (____)____-____ Cell Phone (651)600-0240 Evening Telephone (____)____-____

Date of Accident/ Injury or Date Discovered 2-24-2021 Time 9:45 am / pm

Please state, in detail, what occurred (happened), and why you are submitting a claim. Please indicate why or how you feel the City of Saint Paul or its employees are involved and/or responsible for your damages. see attached.

Please check the box(es) that most closely represent the reason for completing this form:

- | | |
|---|--|
| <input type="checkbox"/> My vehicle was damaged in an accident | <input type="checkbox"/> My vehicle was damaged during a tow |
| <input type="checkbox"/> My vehicle was damaged by a pothole or condition of the street | <input type="checkbox"/> My vehicle was damaged by a plow |
| <input type="checkbox"/> My vehicle was wrongfully towed and/or ticketed | <input type="checkbox"/> I was injured on City property |
| <input checked="" type="checkbox"/> Other type of property damage – please specify <u>fire dept broke door in</u> | |
| <input type="checkbox"/> Other type of injury – please specify _____ | |

In order to process your claim **you need to include copies of all applicable documents.**

For the claims types listed below, please be sure to include the documents indicated or it will delay the handling of your claim. Documents WILL NOT be returned and become the property of the City. You are encouraged to keep a copy for yourself before submitting your claim form.

- Property damage claims to a vehicle: two estimates for the repairs to your vehicle if the damage exceeds \$500.00; or the actual bills and/or receipts for the repairs
- Towing claims: legible copies of any ticket issued and a copy of the impound lot receipt
- Other property damage claims: two repair estimates if the damage exceeds \$500.00; or the actual bills and/or receipts for the repairs; detailed list of damaged items
- Injury claims: medical bills, receipts
- Photographs are always welcome to document and support your claim but will not be returned.

Failure to complete and return both pages will result in delay in the handling of your claim.

All Claims – please complete this section

Were there witnesses to the incident? Yes Unknown (circle)
Provide their names, addresses and telephone numbers: Anne - Catherine Sert - contractor
651-260-5882

Were the police or ~~law enforcement~~ ^{fire dept} called? Yes No Unknown (circle)
If yes, what department or agency? Fire Dept Case # or report # 7450

Where did the accident or injury take place? Provide street address, cross street, intersection, name of park or facility, closest landmark, etc. Please be as detailed as possible. If necessary, attach a diagram. at home
1359 Phalen Blvd., St Paul MN 55106

Please indicate the amount you are seeking in compensation or what you would like the City to do to resolve this claim to your satisfaction. void the bill for \$427.00 - my contractor arrived + was going to repair door

Vehicle Claims – please complete this section

check box if this section does not apply

Your Vehicle: Year _____ Make _____ Model _____
License Plate Number _____ State _____ Color _____
Registered Owner _____
Driver of Vehicle _____
Area Damaged _____
City Vehicle: Year _____ Make _____ Model _____
License Plate Number _____ State _____ Color _____
Driver of Vehicle (City Employee's Name) _____
Area Damaged _____

Injury Claims – please complete this section

check box if this section does not apply

How were you injured? _____

What part(s) of your body were injured? _____

Have you sought medical treatment? Yes No Planning to Seek Treatment (circle) _____
When did you receive treatment? _____ (provide date(s))

Name of Medical Provider(s): _____
Address _____ Telephone _____

Did you miss work as a result of your injury? Yes No
When did you miss work? _____ (provide date(s))

Name of your Employer: _____
Address _____ Telephone _____

Check here if you are attaching more pages to this claim form. Number of additional pages 1.

By signing this form, you are stating that all information you have provided is true and correct to the best of your knowledge. Unsigned forms will not be processed.

Submitting a false claim can result in prosecution. Date form was completed 3-12-2021

Print the Name of the Person who Completed this Form: Jacqueline Heintz

Signature of Person Making the Claim: Jacqueline Heintz