

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

OLEF	K I		
We need the following to process your appeal:		HEARING DATE & T	
× \$25 filing fee (non-refundable (payable to the		(provided by Rent Stabilizat	on Appeais Siajj)
City of Saint Paul	9	DATE: JULY	7,2025
Copy of the Department of Safety & Inspections		TIME: 1:00 p.m	
Attachments you may wish to include *attachments	te will	LOCATION OF HEAR	NING:
This appeal form completed be forthcoming		Room 330 Saint Paul City Hall	
		15 West Kellogg Blvd. Saint Paul, MN 55102	
Walk-In \ EmailUS Mail		Saint Faul, WIT 33102	
Address Being Appealed:	Sain	t Paul, MN	55104
Number & Street & Unit Number (if appliable)	City & State		Zip Code
-			
Appellant:			
Lillian Johnson & Eleanor Rowen	ahanson@hjcmn.org (attorney)		
Appellant Name	Email 651-391-8393 (attorney)		
Preferred Phone Number	Alternate Phone Number		
lillian Anhagen at 4/2000	Tenant		
Signature & Today's Date	Is App	ellant: Property Owner/ Man	nager OR Tenant?
Galuly 6/5/25		å	
Property Owner (if other than appellar	nt):		
Judith Day	•		
Property Owner Name	Email		
Preferred Phone Number	Alternate Phone Number		
What Is Being Appealed and Why?	Attachi	ments Are Acceptable	
Please see the attached cover letter.		and the same of th	action of the second
I am represented in this matter by Housing Justice Cer			
Jim Poradek (jporadek@hjcmn.org; 612-7233-0517) 8	& Abbie	Hanson (ahanson@hjcmn.d	org; 651-391-8393).