# **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 \$ 2000 6588 because sewer repair work has been completed to my satisfaction.
	Property Address: 1040 Arthuright St. St. Paul, MN 55/30 (Location where work was performed)
	Owner's Name (print): Devon Varbrough
	Owner's Signature: Devon Harbough
ok to pay	Owner's Address: 1040 Arhunght St St Faul, MN 55/30 (If different from property address)
\$6500 3-6-24 LM	Owner's Telephone Number: 903. 204. 1294
5 0 24 LIVI	Date work was performed: D2/20/24
	Name of Company who performed the work: ASAP Unologiounal
	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:
C4 D-10 TT:11	

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

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  $\frac{14}{300}$ because sewer repair work has been completed to my satisfaction.

Property Address: 2155 Waukon Avenue, St. Paul, MN, 55/19 (Location where work was performed)

ok to pay \$14300 3-25-24 LM

Owner's Name (prin	nt): Kyle Smith	
Owner's Signature:	Myle South	
Owner's Address:	NIA	
	(If different from property 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 - 248 - 3696

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.

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

I understand that the contractor's cost, the City administrative fee, and interest Payback period: 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: assessment.

Please return this filled 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,	Fax number: 651-298-5621; Email address:
25 W. 4th St.	PW-SewerAssessment@ci.stpaul.mn.us
St. Paul, MN 55102.	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 \$ 2 7/11/2 because sewer repair work has been completed to my satisfaction.

Prope	rty Address: <u>1762 How Are E, St. Pow</u> , MN 5510 (Location where work was performed)
Owne	r's Name (print): David Cachan
Owne	r's Signature: Nava Cochan
	r's Address:
	(If different from property address)
Owne	r's Telephone Number: (608) 567 - 7447
Date	work was performed: \$ 4/10/24
Name	of Company who performed the work: Benjamin Franklin
Addre	ess of Company who performed the work: 9431 Alpine Drive
R	omsey, MN 55303
	e number of company who performed the work: (763) 427-100

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.

Waiver of Appeal:

**Payback** period:

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

Revised 2/27/2023

	Property Address 1192 Ellipe ten St 35130 (Location where work was parformed)	Owner's Name (print): Lizza Carol Chièges Owner's Signature	Owner's Address: Secore (If different from property address)	Owner's Telephone Number: 585 - 739 - 5492	Date work was performed: 4/23/2024	Name of Company who performed the work: M &B Services	Address of Company who performed the work: 2022 20 20 200	Dedezer estate and 27498 Olinda Jr Linkt an	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.	ion 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.		during this twenty-year period without penalty.
Request for Assessment			ok to pay		LM						Administration Fee	Payhack period:	

#### **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 \$5 600 because sewer repair work has been completed to my satisfaction.

5	Property Address: 2118 Minnehaha Ave E St Paul M (Location where work was performed) 55119
5	Owner's Name (print): Stanley Barrault
0	Owner's Signature: Att lanning
phe	Owner's Address: 2118 Minehola Are E. St Fuel (If different from property address) MN 55119
Ø	Owner's Telephone Number: <u>651 - 253 - 3399</u>
+	Date work was performed: 1/5/2024
no	Name of Company who performed the work: ASAP Undergro.nd
5	Address of Company who performed the work: 2355 Fair ieu Ave
q,	Suite 371. Roseville MN 56113
Her	Phone number of company who performed the work: <u>651-493-3744</u>
V)	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.

I understand that the assessed charge against my property for this work will include

**Administration Fee:** 

**Payback** period:

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

> 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:

a one-time fee of \$60.00 to process this assessment.

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 Revised 2/27/2023

## 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 $\$_8750$ because sewer repair work has been completed to my satisfaction.		
	Property Address: 187 Sidney St W (Location where work was performed)		
	Owner's Name (print): Emma Hohlen		
	Owner's Signature: Curra Hl		
	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: <u>ASAP Underground</u>		
	Address of Company who performed the work: 2355 CR-48		
	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.		
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.		
	As owner of the property listed below, I agree to waive my right to appeal this assessment.		
Please return this filled ou	t 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-SewerA scarse		

25 W. 4th St. St. Paul, MN 55102. number: 651-298-5621; Email address: -SewerAssessment@ci.stpaul.mn.us Revised 2/27/2023 1.1.1

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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: <u>49 Savleng St. St. Paul</u> , MN 55119 (Location where work was performed)
	Owner's Name (print): Benjamin Agbo
	Owner's Signature:
ok to pay	Owner's Address: 49 Drolline St. St. Haul 111 55119 (If different from property address)
\$7300 1-29-24 LM	Owner's Telephone Number: 651-771-7632
	Date work was performed: $DI - 11 - 2024$
	Name of Company who performed the work: ROTO ROTER
	Address of Company who performed the work: $14530$ $27^{t_{4}}$
	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	ut 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,	Fax number: 651-298-5621; Email address:
25 W. 4th St.	PW-SewerAssessment@ci.stpaul.mn.us
St. Paul. MN 55102.	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 $\frac{91601}{001}$ because sewer repair work has been completed to my satisfaction.					
	Property Address: 1008 Albemarle St (Location where work was performed)					
	Owner's Name (print): Jolene & Thomas Robinson Owner's Signature: Men Meller					
	Owner's Signature:					
to pay 116.01	Owner's Address: N\A (If different from property address)					
.3-24 LM	Owner's Telephone Number: 701-390-7030					
	Date work was performed:					
	Name of Company who performed the work: Dean's Home services					
	Address General And KIRKWOOD CT					
	MAPLE GROVE, MN 5536					
	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.					
Waiver of Appeal:	As owner of the property listed below, I agree to waive my right to appeal this assessment.					

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 Revised 2/27/2023

#### 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 \$ <u>10750,00</u> . because sewer repair work has been completed to my satisfaction.					
	Property Address: 1124 LAFOND AVENUE, SAINT PAUL, MN 55104					
	(Location where work was performed)					
	Owner's Name (print):651.295.7333 AND 651.373.6956					
ok to <b>pa</b> y	Owner's Signature: Michelle R. Tcheller Lawren What					
\$10750	Owner's Address: 1858 GOODRICH AVENUE, SAINT PAUL, MN 55105					
4-1-24 LM	(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:	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,	May also be faxed or emailed:
700 City Hall Annex,	Fax number: 651-298-5621; Email address:
25 W. 4th St.	PW-SewerAssessment@ci.stpaul.mn.us
St. Paul, MN 55102.	Revised 2/27/2023

# 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 $\frac{11500}{500}$
	Property Address: 1361 Edmund Ave. St. Paul MN 55104 (Location where work was performed)
x x	Owner's Name (print): Leslie Jungk Cothie Jungk
	Owner's Signature: Beslie Jungh Cathle Jungk
ok to <b>pay</b> \$11500	Owner's Address: Oather Jongk Same as above (If different from property address)
4-1-24 LM	Owner's Telephone Number: Cathie Junge 651-645-1361
	Date work was performed: <u>3-27-2024</u>
	Name of Company who performed the work: <u>Benjain Franklin</u>
α.	Address of Company who performed the work: <u>9431 Alpin Dr</u>
	Ramsey MN 55303
	Phone number of company who performed the work: $763 - 727 - 1000$
	Then in the number of company who performed the work. $-7 (-2) - 2.94 - (000)$
	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 or	it 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,	Fax number: 651-298-5621; Email address:
25 W. 4th St.	PW-SewerAssessment@ci.stpaul.mn.us
St. Paul, MN 55102.	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 \$ $\frac{g_{000}}{g_{000}}$
	Property Address: 14 (0 George St F St Pah (MN) (Location where work was performed)
	Owner's Name (print): HCath Harrington
	Owner's Signature:
	Owner's Address: 1 Gran Gran Gran Gran Gran Gran Gran Gran
ok to pay \$8000	Owner's Telephone Number: 62-987-5629
2-5-24 LM	Date work was performed: 1/26/2025
	Name of Company who performed the work: ASGP Underground
	Address of Company who performed the work:
	2355 FAIrview Ave #371 Roseville, MN 55113
	Phone number of company who performed the work: <u>651-493-3744</u>
	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 ou	t 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,	Fax number: 651-298-5621; Email address:
25 W. 4th St.	PW-SewerAssessment@ci.stpaul.mn.us
St. Paul, MN 55102.	Revised 2/27/2023

#### 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): 4.5A KOHNER
	Owner's Signature:
ok to pay	Owner's Address: <u>270 PELHAM BLVD</u> (If different from property address)
\$7567	Owner's Telephone Number: CG12) 749-1400
2-5-24 LM	Date work was performed:
	Name of Company who performed the work: <b>Roto Rooter</b>
	Address of Company who performed the work: 14530 27 AVE N
·	
	Phone number of company who performed the work: $(763) 519 - 3977$
ж. Т	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 or	at 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

Revised 2/27/2023

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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 \$ 9650 because sewer repair work has been completed to my satisfaction.

Property Address: (Location where work was performed)

Owner's Name (print):

Owner's Signature:

Owner's Address:

(If different from property address)

Owner's Telephone Number: <u>b31313-35</u>06

Date work was performed: 12-5

Name of Company who performed the work:

ok to pay \$9650 2-5-24 LM

> Address of Company who performed the work: 109 00 HAMPShire Aves Suite 120 Bloomnyton MN 65438

Phone number of company who performed the work: (12) 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.

**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 <u>Saint</u> 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 <u>time</u> 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

Revised 2/27/2023

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  $\frac{5500}{1000}$  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 Monit Owner's Signature: (If different from property address) Owner's Address: Ø ame 2-21-24 LM Owner's Telephone Number: 6512632243 Date work was performed: 2 - 13 - 2024Address of Company who performed the work: 2355 fairview Ave 370 Roseville MW 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.

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 Revised 2/27/2023

ok to pay \$5500

#### 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 $\frac{9067}{000}$
	Property Address: 791 WHITE BEAR (Location where work was performed)
	Owner's Name (print): DAVID THAO
	Owner's Signature: Dand That
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: <u>2 - 14 - 2024</u>
	Name of Company who performed the work: <u>ROTOR ROOTER</u>
	Address of Company who performed the work: 14530 27th
	AVE. N. MINNEAPOLIS, MN 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:	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 ou	it 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,	Fax number: 651-298-5621; Email address:
25 W. 4th St.	PW-SewerAssessment@ci.stpaul.mn.us
St. Paul, MN 55102.	Revised 2/27/2023

#### 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 § 8399.00 because sewer repair work has been completed to my satisfaction.
	Property Address: 1675 Englewood Ave (Location where work was performed), Paul, MN 55104
	Owner's Name (print): Andre Petschaua
	Owner's Signature: Under Viterter
ok to pay \$8399 2-21-24 LM	Owner's Address: (If different from property address)
	Owner's Telephone Number: 651-336-7366
	Date work was performed: 2/13/24
	Name of Company who performed the work: Koto Koo ku
	Address of Company who performed the work:
	14530 27th Ave. No Minnegolis Ma 55447
	Phone number of company who performed the work? 163-519-3977
	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:	l 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 or	at 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,	Fax number: 651-298-5621; Email address:
25 W. 4th St.	PW-SewerAssessment@ci.stpaul.mn.us
St. Paul, MN 55102.	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 \$ 7394.50 because sewer repair work has been completed to my satisfaction.	
	Property Address: <u>680</u> <u>Tessamme</u> Ave W (Location where work was performed)	
	Owner's Name (print): Jeff Navabrook Owner's Signature: Jeff Navabrook	
	Owner's Signature: Jeff Naraboot	
ok to pay	Owner's Address:	
\$7394.50 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: <u>A-Z Underground</u>	
	Address of Company who performed the work: <u>5720 Fntl</u> . 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 or	ut 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,	Fax number: 651-298-5621; Email address:
25 W. 4th St.	PW-SewerAssessment@ci.stpaul.mn.us
St. Paul, MN 55102.	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 9898.63because sewer repair work has been completed to my satisfaction.

Property Address: <u>1468 St Albans St N</u> (Location where work was performed)
Owner's Name (print): Alyssa Manno
Owner's Signature: Myssa Ulan
Owner's Address:(If different from property address)
Owner's Telephone Number: 612-991-1525
Date work was performed: $\frac{2/13}{2024}$
Name of Company who performed the work: Dean's Home Services
Address of Company who performed the work: 6701 Parkway Circk
Address of Company who performed the work: <u>6701 Parkway Circk</u> #600, Brooklyn Center, MN 55430
Phone number of company who performed the work: 763-428-132

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.

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

I understand that the contractor's cost, the City administrative fee, and interest **Payback period:** 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: assessment.

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

May also be faxed or emailed: St. Paul Sewer Utility, Fax number: 651-298-5621; Email address: 700 City Hall Annex, PW-SewerAssessment@ci.stpaul.mn.us 25 W. 4th St. Revised 2/27/2023 St. Paul, MN 55102.

ok to pay \$9898.63 3-18-24 LM

City	of Saint	Paul	Sewer	Assessment	Program
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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 $\frac{27}{27}$ soo, 00 because sewer repair work has been completed to my satisfaction.	
	Property Address: <u>1631 Montreal Ave</u> (Location where work was performed)	
	Owner's Name (print): Michele Matures	
	Owner's Name (print): <u>Michele Mature</u> Owner's Signature: <u>M. Mature</u>	
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 $37^{14}$ Ave N	
	Mpls, MN 35447	
	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:	l 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:	
St. Paul Sewer Litility		

St. Paul Sewer Utility, May also be faxed or emailed: 700 City Hall Annex, Fax number: 651-298-5621; Email address: 25 W. 4th St. PW-SewerAssessment@ci.stpaul.mn.us St. Paul, MN 55102. Revised 2/27/2023 '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 651-266-6234 if you have questions) I request that the Sewer Utility pay the attached invoice of \$ \$ \$399.00 Request for Assessment: 2035 Bordher Place ST Paul, Mr SSIIG (Location where work was performed) Property Address: Owner's Name (print): Susan M. Girouard Owner's Signature: MISan M. Owner's Address: 2035 Bordner Place ST. Paul, Mr SSIIG ok to pay \$8399 Owner's Telephone Number: 451-334-208 3-18-24 LM Date work was performed: 3/5124 Name of Company who performed the work: Boto Booter Services Co. 14530 27th Ave N 55 Minneapolis, Ma 55447 Address of Company who performed the work: 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. 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. Administration Fee: 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%. Payback period: 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 et form, along with a copy of the contractor's final invoice to: Waiver of Appeal: ha fared or emailed:

1 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 $\frac{6432}{32}$ because sewer repair work has been completed to my satisfaction.
	Property Address: 70 Stevens St. E St. Paul MN 55107 (Location where work was performed)
ok to pay \$6432	Owner's Name (print): Adam Hernindez Bureno
4-15-24 LM	Owner's Signature: Adus Manuelic Bring
	Owner's Address: 70 Stevens St E St Paul Min 55707 (If different from property address)
	Owner's Telephone Number: 631-671 - 430 9
	Date work was performed: 4/D3/2024
	Name of Company who performed the work: $20+0 - 200 + eV$
	Address of Company who performed the work: 14530 27th Me N
	m. nneubolis nun 55447
	Phone number of company who performed the work: 7-3-519-3977
	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:	l 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:
0. 0. 10. 10.1.	May also he found an analysis

St. Paul Sewer Utility,	May also be faxed or emailed:
700 City Hall Annex,	Fax number: 651-298-5621; Email address:
25 W. 4th St.	PW-SewerAssessment@ci.stpaul.mn.us
St. Paul, MN 55102.	Revised 2/27/2023

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

(Location where work was performed) Property Address: ok to pay Owner's Name (print): Y New Horizon Real Estate Inv. LLC (Mikias Lulseged) \$8493 Owner's Signature: X Mikias Lulseged 4-15-24 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-Name of Company who performed the work: Commercial Utilities Inc, Address of Company who performed the work: 1146 East 7th St. ST. Paul MN 55/06 Phone number of company who performed the work: Les 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 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 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 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:	because sewer repair work has been completed to my satisfaction.		
	Property Address: <u>973 Albemasle St-Saint</u> Paul, MN (Location where work was performed) 55/17		
	Owner's Name (print): Manscla Blancas		
	Owner's Signature:		
ok to pay \$9900 4-15-24	Owner's Address: <u>Saw</u> (If different from property address)		
LM	Owner's Telephone Number: <u>651-313-7481</u>		
	Date work was performed:9/2/		
	Name of Company who performed the work: <u>ROTO-ROOTER</u>		
	Address of Company who performed the work: 14530 27th 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 ou	t 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,	Fax number: 651-298-5621; Email address:
25 W. 4th St.	PW-SewerAssessment@ci.stpaul.mn.us
St. Paul, MN 55102.	Revised 2/27/2023

## **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 $5 15227.00$ because sewer repair work has been completed to my satisfaction.	
	Property Address: <u>(172 Idaho Are W</u> (Location where work was performed) Scale LIT	
	(Location where work was performed) Scott 1-5.172 Owner's Name (print): 1972 Deteter Aborto	
	Owner's Signature:	
ok to pay	Owner's Address: (If different from property address)	
\$15227 4-15-24	Owner's Telephone Number: 651 - 666 - 003 9	
LM	Date work was performed:4/4/24	
	Name of Company who performed the work: <u>Roto-Rooter</u>	
	Address of Company who performed the work: 14530 275	
	Ave N. Minneapolis, 55447	
	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.	
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.	
Plense return this filled	ont form, along with a copy of the contractor's final invoice to:	
n. S. J.S	May also be faxed or emailed:	

St. Paul Sewer Utility. 700 Chy Hall Annex. 25 W. 4th St. St. Paul. MN 55102. May also be faxed or emblicit: Fax number: 651-298-5621: Email address: PW-SewerAssessment@ci.stpaul.mn.us Revised 2.27/2023

## 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.		
	Property Address: 2166 Berkeley Ave, St Paul, MN 55105	
	(Location where work was performed)	
	Owner's Name (print): Michael Sallberg	
	Owner's Name (print):	
ok to pay \$15630	Owner's Address:(If different from property address)	
4-15-24 LM	Owner's Telephone Number:	
	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.	
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:

700 City Hall Annex,Fax number: 651-298-5621; Email address:25 W. 4th St.PW-SewerAssessment@ci.stpaul.mn.usDerviced 2/27/2023	St. Paul Sewer Utility,	May also be faxed or emailed:
25 W. 4th St. PW-SewerAssessment@ci.stpaul.mn.us	•	Fax number: 651-298-5621; Email address:
Deviced 2/07/2002	•	PW-SewerAssessment@ci.stpaul.mn.us
	St. Paul, MN 55102.	Revised 2/27/2023