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)

ok to pay \$6875 1-23-24 LM	Request for Assessment:	I request that the Sewer Utility pay the attached invoice of S
		Property Address: / lek8 Westminster (Location where work was performed)
		Owner's Name (print): Revett Hewsley
		Owner's Signature:
		Owner's Address: 877 White Bow Ave N (If different from property address)
		Owner's Telephone Number: 612 . 747 - 0045
		Date work was performed: /- 23-24
		Name of Company who performed the work: Commercial Utilities, Dr.
		Address of Company who performed the work: 1146 East 7# 54
		ST. Paul, MN 55106
		Phone number of company who performed the work: (251-774-030)
		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 2.25%. 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 Sower 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-SeworAssessment@ci.stpaul.mn.us
		Revised 4/8/21