*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)

**Request for Assessment:** **I request that the Sewer Utility pay the attached invoice of $** 8,346.00 **because sewer repair work has been completed to my satisfaction.**

Property Address: 1521 Branston St, St Paul 55108
(Location where work was performed)

Owner's Name (print): Dustin Black

Owner's Signature: Dustin Black

Owner's Address: _____
(If different from property address)

ok to pay
$8346
2-26-24 LM

Owner's Telephone Number: 612-280-9808

Date work was performed: 2/19/2024

Name of Company who performed the work: Marvel Sewer and Drain

Address of Company who performed the work: 7703 Central Ave NE, Ste C
Spring Lake Park, MN 55432

Phone number of company who performed the work: (763) 445-9005

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 2.30%. 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 5/23/22

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# *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
$18345
4-1-24
LM

**Request for Assessment:** **I request that the Sewer Utility pay the attached invoice of $** 18345 **because sewer repair work has been completed to my satisfaction.**

Property Address: 1241 Seminary Ave, Saint Paul MN
(Location where work was performed)

Owner's Name (print): Algon Buechler

Owner's Signature: DocuSigned by: [signature] 4075C285696A404...

Owner's Address: _____
(If different from property address)

Owner's Telephone Number: 6122420952

Date work was performed: 3/13/24

Name of Company who performed the work: Hero

Address of Company who performed the work: 10900 Hampshire Ave S #120 Minneapolis

_____

Phone number of company who performed the work: (612) 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.

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Revised 5/23/22

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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 $** 9893.80 **because sewer repair work has been completed to my satisfaction.**

Property Address: 1734 Cottage Ave E, St. Paul, MN 55106
(Location where work was performed)

Owner's Name (print): Sheri Nelson

Owner's Signature: DocuSigned by: Sheri Nelson AB1D6D0AD82340C...

ok to pay
$9893.80
5-6-24 LM

Owner's Address: _____
(If different from property address)

Owner's Telephone Number: 2186403722

Date work was performed: 4/8/2024

Name of Company who performed the work: Hero Plumbing and Heating

Address of Company who performed the work: 10900 Hampshire Ave S #120 Minneapolis

_____

Phone number of company who performed the work: 6128274674

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 2.30%. 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 5/23/22