

**WASHINGTON COUNTY ASSESSMENT DIVISION
APPLICATION FOR ABATEMENT - GENERAL FORM
CLASSIFICATION / DISASTER CREDIT / SPECIAL ASSESSMENTS**

Received: _____
Worksheet# _____

Assessment Year: **2013**
Payable Year: **2014**

APPLICANT

Owner's Name (please print or type) Justin Hauer			Soc. Sec. / Fed ID	Phone	Cell
Owner's Name			Soc. Sec. / Fed ID	Phone	Cell
Owner's Name			Soc. Sec. / Fed ID	Phone	Cell
Owner's Mailing Address 5787 Highlands Ct N			Property Address (if different from mailing address)		
City Lake Elmo	State MN	Zip 55042	City	State	Zip

DESCRIPTION OF PROPERTY

Property ID Number 04.029.21.23.0010	Linked Group Number		
Legal Description of Property	City or Township Lake Elmo	School District # 834	TAG

ASSESSOR'S ESTIMATED MARKET VALUE

Original:

Land EMV	Improvement EMV	Total	Class
		0	

Revised:

Land EMV	Improvement EMV	Total	Class
		0	

Applicant's Statement of Facts:

The City of Lake Elmo assessed this parcel for the 2012 street project assessment in error.
Please remove this assessment from this parcel as payment was received in 2013 when the house was sold.
the taxpayer got the tax statement in March 2014.

Applicant's Request:

Abate the special assessment and interest for Pay 2014 in the amount of \$327.00. (\$300 prin \$27 int)

Applicant's Signature:

Date:

NOTE: M.S. §609.41, "Whoever, in making any statement, oral or written, which is required or authorized by law to be made as a basis of imposing, reducing, or abating any tax or assessment, intentionally makes any statement (as to any material matter whi

Note: Must include city/Township Resolution for reductions on assessments
Note: Must include Fire report for Local Option Disaster Credit

OFFICE USE ONLY

ORIGINAL	Class	EMVL	EMVI	EMV	TMV	Tax Capacity	Taxes Credits	SPASS	Total Tax
							LNTC		
Val Grp - 1				-			TIF		
Val Grp - 2				-			FD		
Val Grp - 3				-			STATE		
Val Grp - 4				-			RMV		
Val Grp - 5				-			PWRL CR		
TOTAL		-	-	-	-	-	AG CR		
							HST CR		
							TOTAL	-	-

REVISED	Class	EMVL	EMVI	EMV	TMV	Tax Capacity	Taxes Credits	SPASS	Total Tax
							LNTC		
Val Grp - 1				-			TIF		
Val Grp - 2				-			FD		
Val Grp - 3				-			STATE		
Val Grp - 4				-			RMV		
Val Grp - 5				-			PWRL CR		
TOTAL		-	-	-	-	-	AG CR		
							HST CR		
							TOTAL	-	-

TOTAL DIFFERENCE	-	-	-	-	-	-		-	-
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REPORT OF INVESTIGATION

<input type="checkbox"/> Tax is paid as of: _____	Local Tax Rate: _____
<input type="checkbox"/> Tax NOT paid as of: _____	RMV Rate: _____

After examining the applicant's claims, I have carefully investigated this application and find the facts to be as follows:

Investigator's Signature: _____ Date: _____

CERTIFICATE OF APPROVAL - COUNTY ASSESSOR

Note: (under \$10,000) For this abatement to be approved, the Assessor and Director of Property Records & Taxpayer Services must both favorable recommend its adoption.

ASSESSOR'S RECOMMENDATION (County Assessor or City Assessor)

CRITERIA:

Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	Assessor's Signature _____	Date: _____
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DIRECTOR'S RECOMMENDATION

Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	Director's Signature _____	Date: _____
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COUNTY BOARD OF COMMISSIONER'S - COUNTY AUDITOR

Note: For abatements resulting in a change of \$10,000 and above including tax, penalty and interest. For this abatement to be approved, the Assessor, Director of Property Records & Taxpayer Services, and the County Board of Commissioners must all favorab

Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	Auditor's Signature _____	Date: _____
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I certify that at a meeting held (month, day) _____ (year) _____ the County Board of Commissioners took the above action on this abatement. This action was duly adopted and entered upon the minutes of its proceedings as a public record, s