

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

Received: \_\_\_\_\_

Assessment Year: **2015**

Worksheet#: \_\_\_\_\_

Payable Year: **2016**

**APPLICANT**

Owner's Name (please print or type) <b>Jerome Junker</b>			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 <b>11130 20th Street Ct</b>			Property Address (if different from mailing address)		
City <b>Lake Elmo</b>	State <b>MN</b>	Zip <b>55042</b>	City	State	Zip

**DESCRIPTION OF PROPERTY**

Property ID Number <b>24.029.21.33.0010</b>	Linked Group Number		
Legal Description of Property	City or Township <b>Lake Elmo</b>	School District # <b>834</b>	TAG

**ASSESSOR'S ESTIMATED MARKET VALUE**

**Original:**

Land EMV	Improvement EMV	Total	Class
		<b>0</b>	

**Revised:**

Land EMV	Improvement EMV	Total	Class
		<b>0</b>	

**Applicant's Statement of Facts:**

The City of Lake Elmo assessed this parcel for the 2014 street project assessment in error.
Proceeds were received by the City of Lake Elmo on 10.29.15

**Applicant's Request:**

Abate the special assessment and interest for Pay 2016 in the amount of \$730.50. (\$500 prin \$230.50 int)

Applicant's Signature: *Cathy Bendel* Date: 5/13/16

**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		
<b>TOTAL</b>		-	-	-	-	-	AG CR		
							HST CR		
							<b>TOTAL</b>	-	-

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		
<b>TOTAL</b>		-	-	-	-	-	AG CR		
							HST CR		
							<b>TOTAL</b>	-	-
<b>TOTAL DIFFERENCE</b>		-	-	-	-	-			-

**REPORT OF INVESTIGATION**

Tax is paid as of: \_\_\_\_\_ Local Tax Rate: \_\_\_\_\_  
 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 favorably 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 favorably recommend its adoption.*

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