

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

(M.S.) 375.192

Worksheet #:

Assessment Year: 2015

Payable Year: 2016

APPLICANT

Owner's Name (please print or type) Tax Forfeit Land - State of MN			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 500 Lafayette Road			Property Address (if different from mailing address)		
City St. Paul	State MN	Zip 55155	City	State	Zip

DESCRIPTION OF PROPERTY

Property ID Number 01.029.21.11.0008	MP 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	Classification
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Revised:

Land EMV	Improvement EMV	Total	Classification
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Applicant's Statement of Facts:

The City of Lake Elmo assessed this parcel for unpaid utility bills. This parcel was in a tax forfeit status and the transaction should not have been processed and needs to be abated.

Applicant's Request:

Abate the special assessment amount of \$140.50 for Pay 2016.

Applicant's Signature:

Cady Bendel

Date:

8/16/16

Note: Minnesota Statute's 1988, Section 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 which the maker of the statement knows is false may be sentenced, unless otherwise provided by law, to imprisonment for not more than one year or to payment of a fine of not more than \$3,000.00 or both.

Note: Must include City/Township Resolution for reductions on assessments

Note: Must include Fire report for Local Option Disaster Credit

OFFICE USE ONLY

Market Value							Tax and Other Credits	Other Special Asmts	Total Payable
	Class	Land	Improvement	Total	Tax Capacity				
Original						LNTC			
Line 1						TIF			
Line 2						FD			
Line 3						STATE			
Line 4						RMV			
Line 5						PWR LN CR			
Total						AG CR			
						HMST CR			
						TOTAL			

Market Value							Tax and Other Credits	Other Special Asmts	Total Payable
	Class	Land	Improvement	Total	Tax Capacity				
Proposed						LNTC			
Line 1						TIF			
Line 2						FD			
Line 3						STATE			
Line 4						RMV			
Line 5						PWR LN CR			
Total						AG CR			
						HMST CR			
						TOTAL			

TOTAL REDUCTION:

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 and 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 and 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, showing the names of taxpayers, other concerned persons and the amounts involved.