



## STAFF REPORT

DATE: March 2, 2021

### **CONSENT**

**AGENDA ITEM:** Abatement of Assessment for 8650 27<sup>th</sup> Street N.

**SUBMITTED BY:** Samuel Magureanu, Finance Director

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#### **BACKGROUND:**

A utility billing error caused the property at 8650 27<sup>th</sup> Street North to be overbilled due to a faulty water meter. The overbilled amount was ultimately assessed with the 2021 taxes.

#### **ISSUE BEFORE COUNCIL:**

Should the Council approve the abatement of assessments of \$3681.75 for PID 21.029.21.13.0013?

#### **PROPOSAL:**

Included in your packet is a resolution to remove the assessed amount and correct the billing error.

#### **FISCAL IMPACT:**

None since this was a billing error.

#### **RECOMMENDATION:**

If removed from the consent agenda:

***“Motion to Approve Resolution No 2021-024”***

#### **ATTACHMENT**

- Resolution No 2021-024

**CITY OF LAKE ELMO  
WASHINGTON COUNTY  
STATE OF MINNESOTA**

**RESOLUTION NO. 2021-024**

**A RESOLUTION RELATED TO 2021 ASSESSMENTS  
TO WASHINGTON COUNTY**

WHEREAS, 8650 27<sup>th</sup> Street North had assessments certified to the property taxes in 2021 for a delinquent utility bill; and

WHEREAS, the City of Lake Elmo erroneously overbilled the account.

BE IT RESOLVED, by the City Council of the City of Lake Elmo, Minnesota, that the 2021 special assessment amount of \$3,681.75 delinquent utility billing balance certified to PID 21.029.21.13.0013 may be removed from the assessment roll due per the attached Washington County abatement forms.

APPROVED by the Lake Elmo City Council on this 2<sup>nd</sup> day of March, 2021.

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By: \_\_\_\_\_  
Charles Cadenhead  
Mayor

ATTEST:

\_\_\_\_\_  
Julie Johnson  
City Clerk

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

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

Assessment Year: **2020**

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

Payable Year: **2021**

**APPLICANT**

Owner's Name (please print or type) <b>Douglas Allen</b>			Soc. Sec. / Fed ID	Phone	Cell
Owner's Name <b>Carrie Allen</b>			Soc. Sec. / Fed ID	Phone <b>651-357-5809</b>	Cell
Owner's Name			Soc. Sec. / Fed ID	Phone	Cell
Owner's Mailing Address <b>8650 27th Street N</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>21.029.21.13.0013</b>	Linked Group Number		
Legal Description of Property	City or Township	School District #	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 erroneously overbilled 2020 Quarter 3, then erroneously sent unpaid overbilling for certification.
Please remove entire certified amount of \$3,681.75 of DELINQ W&S 2020

**Applicant's Request:**


Applicant's Signature: \_\_\_\_\_

*[Handwritten Signature]*

Date: \_\_\_\_\_

*2/12/21*

**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

☐ 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 \_\_\_\_\_