



STAFF REPORT

DATE: April 4, 2023

CONSENT

AGENDA ITEM: Abatement of Assessments for PID 34.029.21.41.0029

SUBMITTED BY: Kristina Handt, City Administrator

BACKGROUND:

In error, an unpaid water (irrigation) bill was assessed to a city parcel in Savona rather than the appropriate HOA parcel. In order to remove the assessment, an abatement needs to be processed.

ISSUE BEFORE COUNCIL:

Should the Council approve the abatement of assessments for delinquent water billing on PID 34.029.21.41.0029?

PROPOSAL:

Included in your packet is a resolution and abatement forms. The amount of the abatement is \$1,595.53. Finance staff has already sent a bill to the HOA. If they continue to not pay it, we have identified the correct parcel to assess it to next year.

FISCAL IMPACT:

None since the city is seeking payment from the HOA and still retains the right to assess next year if remains unpaid.

RECOMMENDATION:

If removed from the consent agenda:

“Motion to Approve Resolution No 2023-028”

ATTACHMENT

- Resolution No 2023-028
- Abatement Forms

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

RESOLUTION NO. 2023-028

**A RESOLUTION RELATED TO 2023 ASSESSMENTS
TO WASHINGTON COUNTY**

WHEREAS, PID 34.029.21.41.0029 had assessments certified to the property taxes in 2023 for Delinquent Water 2022; and

WHEREAS, the PID 34.029.21.41.0029 is city owned property and not irrigated; and

WHEREAS, said charges will be properly assigned to the Savona Single Family Master HOA;

BE IT RESOLVED, by the City Council of the City of Lake Elmo, Minnesota, that the 2023 special assessment amount of \$1,595.53 for Delinquent Water 2022 certified to PID 34.029.21.41.0029 may be removed from the assessment roll due per the attached Washington County abatement forms.

APPROVED by the Lake Elmo City Council on this 4th day of April 2023.

By: _____
Charles Cadenhead
Mayor

ATTEST:

Julie Johnson
City Clerk

**WASHINGTON COUNTY TAXATION DIVISION
APPLICATION FOR ABATEMENT - SPECIAL ASSESSMENTS (only)**

Received: _____	Assessment Year: 2022
Worksheet# _____	Payable Year: 2023

APPLICANT

Submitter Kristina Handt	Phone 651-747-3905	Email khandt@lakeelmo.org	
Address 3880 Laverne Avenue N	City Lake Elmo	State MN	Zip 55042

PROPERTY INFORMATION

Owner's Name(s) City of Lake Elmo					
Owner's Mailing Address 3880 Laverne Avenue N			Property Address (if different from mailing address)		
City Lake Elmo	State MN	Zip 55042	City	State	Zip
Property ID Number 34.029.21.41.0029			City or Township	School District #	TAG

Special Assessment Project Number(s) S-26601000-23	Certified Amount Requested to be Abated (amount appearing on property tax statement) 1,595.53

Applicant's Statement of Facts:

Incorrect PID assessed

Applicant's Request:

Please remove the current assesment payable in 2023

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 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, or both."

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

OFFICE USE ONLY

ORIGINAL							Taxes & Credits		SpAsmt	Total Tax
Class	EMVL	EMVI	EMV	TMV	Tax Capacity					
						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							Taxes & Credits		SpAsmt	Total Tax
							LNTC			
							TIF			
							FD			
							STATE			
							RMV			
							PWRL CR			
							AG CR			
							HST CR			
							TOTAL	-		-
TOTAL DIFFERENCE								-	-	-

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 AUDITOR

AUDITOR'S RECOMMENDATION:			
Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	Auditor's Signature	Date:
Deputy County Auditor / Taxation Division Manager			