

APPLICATION FOR ABATEMENT/ADDITION OF - SPECIAL ASSESSMENTS

For Taxes Assessed in 2016 _____
and Payable in 2017 _____

Please print or type.

Applicant/ Owner Name 6781 Properties LLC		Applicant/ Owner Mailing Address	
Applicant/ Owner Telephone Number		6781 Properties LLC	
Date of Application 9/12/2017		701 Xenia Ave S, Ste 130	
		Minneapolis, MN 55416	
DESCRIPTION OF PROPERTY		Property I.D. or Parcel Number 34-32-25-12-0022	
Street Address (if different than above)	City or Township	School District Number	
6781 W HIGHWAY 10 NW	RAMSEY	Anoka-Hennepin	
LEGAL DESCRIPTION OF PROPERTY			
TRACT B REG LAND SURVEY NO 249,EX RD SUBJ TO EASE OF REC			

APPLICANT'S STATEMENT OF FACTS

Due to a clerical error the assessment was applied to the wrong property number. The assessment was applied to 24-32-25-12-0022 in error.

APPLICANT'S REQUEST

Include fund number & amount due for payable tax year being abated, not total principal amount.
85093 16-UB \$125.02

Applicant's Signature

Date

NOTE: Minnesota Statutes 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 matter 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."

The following accurately reflects both existing and proposed amounts.

	Tax	Special Assessments	Waste Fee	Penalty	Interest	Costs	Total
Original							
Proposed							
Reduction							

Tax is Paid

Date: _____

Equal Annual

Abatement

Tax is not Paid

Decline Balance

Increase

Flat Tax

REPORT OF INVESTIGATION

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

CITY/TOWN COUNCIL RESOLUTION NUMBER: _____ RESOLUTION DATE: _____

Signature of Investigator

Date

CERTIFICATIONS OF APPROVAL

Note: For this abatement to be approved, the County Auditor and the County Board of Commissioners must favorably recommend its adoption.

COUNTY AUDITOR'S RECOMMENDATION

Approved

Denied

Auditor's Signature

COUNTY BOARD OF COMMISSIONER'S ACTION (to be completed by County Auditor)

Approved Denied

I certify that at a meeting held _____, 200_____ the County Board took the above official 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.

CERTIFICATION OF FINAL APPROVAL (Completed only for approved abatements)

I further certify that the approval of this abatement has resulted in the following changes:

Decrease/Increase Special Assessments	\$ _____	Decrease/Increase Costs On Special Assmts	\$ _____
Decrease/Increase Penalties On Special Assmts	\$ _____	Total Amount Of Decrease/Increase	\$ _____
Decrease/Increase Interest On Special Assmts	\$ _____	Total Amount Payable	\$ _____

Signature of County Auditor

Date

APPLICATION FOR ABATEMENT/ADDITION OF - SPECIAL ASSESSMENTS

For Taxes Assessed in 2016 _____
and Payable in 2017 _____

Please print or type.

Applicant/ Owner Name Aaron Larson Applicant/ Owner Telephone Number Date of Application 9/12/2017 Lot 3, Block 2 Highlands at River Park		Applicant/ Owner Mailing Address Aaron Larson 15571 Yakima St NW Ramsey, MN	
DESCRIPTION OF PROPERTY		Property I.D. or Parcel Number 24-32-25-12-0022	
Street Address (if different than above)	City or Township RAMSEY	School District Number Anoka-Hennepin	
LEGAL DESCRIPTION OF PROPERTY Lot 3 Block 2 Highlands at River Park			

APPLICANT'S STATEMENT OF FACTS

Due to a clerical error the assessment was applied to the wrong property number. The correct property identification number is 34-32-25-12-0022.

APPLICANT'S REQUEST

Include fund number & amount due for payable tax year being abated, not total principal amount.
85093 16-UB \$125.02

Applicant's Signature

Date

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Tax is Paid

Date: _____, _____

Equal Annual

Abatement

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Increase

Flat Tax

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Decrease/Increase Interest On Special Assmts	\$ _____	Total Amount Payable	\$ _____

Signature of County Auditor

Date