

HOUSTON COUNTY

Jack Miller
District 2
Eric Johnson (Chair)
District 3
Robert Burns (Vice-Chair)
District 4
Teresa Walter
District 5
Greg Myhre

Commissioners: District 1

Jeffrey Babinski County Administrator 304 South Marshall Street Caledonia, MN 55921 TEL (507) 725-5827

HOUSTON COUNTY BOARD OF COMMISSIONERS BOARD MEETING AGENDA

9:00, October 6, 2020, County Board Room, Historic Courthouse

*****The meeting will be accessible to public participants via our conference call line at 312-626-6799 and entering meeting ID: 92340219031 and password 402926. Public attendees are requested to mute their line until addressed.****

CALL TO ORDER

PLEDGE OF ALLEGIANCE

APPROVE AGENDA

CONSENT AGENDA

(Routine business items enacted by one unanimous motion. Commissioners may request moving items on the consent agenda to the Action Item list if they desire discussion before taking action.)

- 1) Approve Claims, Human Service & License Center disbursements.
- 2) Approve Resolution 20-49 Aquatic Invasive Species
- 3) Affirm the following personnel actions:
 - i. Auditor/Treasurer
 - 1. Hire Celeste Abbot as a casual/temporary (67-days) employee at a wage of \$13.68/hr.
 - ii. Sheriff's Office
 - 1. Accept the resignation of Jordan J. Rooker, Lead Jailer, effective at the end of his shift on October 24, 2020 and thank him for 6 years of service to the residents of Houston County.
 - 2. Approve a search for a Lead Jailer and Jailer (only one hire).

ACTION ITEMS

- 1) Consider approving property tax abatements For Justin Meyer and Charles Littel. (Cresswell)
- 2) Consider denying property tax abatements For Jerry Holter and Molly Coughlin. (Cresswell)

9:10 Closed Session – Closed Session pursuant to MN Stat. 13D.05, Subd. 3, (b) Attorney/Client Privilege – MAPE Grievance

9:30 Closed Session – Closed Session pursuant to MN Stat. 13D.03, Subd. 1, (b) "to consider strategy for labor negotiations, including negotiation strategies or developments or discussion and review of labor negotiation proposals."

ADJOURN

HOUSTON COUNTY BOARD OF COMMISSIONERS WORKGROUP SESSION AGENDA

9:50, October 6, 2020, Room 219, Historic Courthouse

*****The meeting will be accessible to public participants via our conference call line at 312-626-6799 and entering meeting ID: 92340219031 and password 402926. Public attendees are requested to mute their line until addressed.****

CALL TO ORDER

WORKGROUP SESSION
1. CARES Act funding update

Application for Property Tax Abatement

| For Taxes Levied in Tax Year(s): | 2019 |
|----------------------------------|------|
| And Taxes Pavable in Year(s): | 2020 |

Applicat and Property

Applicant's Statement of Facts/Settlement

Sign Here

| Last Name Meyer | | First Name Justin | | L | dle Initial |
|---|---|----------------------|--------------------|-----------------|---------------------------|
| Property Address 19767 Balentine Rd | | | | PRIVAC REMOV | Y INFORMATION ED |
| City Caledonia | | State MN | Zip code 55947 | | inty uston |
| Parcel ID or legal descrip 16.0091.000 | ption of property (from tax statem | nent or valuation no | tice) | Sch #29 | ool District Number 99 |
| Applicant's State | ment of Facts being contested, list approxima | ate market value | | | |
| and | Structures | ate market value. | Total | | |
| 67000 | 130700 | | 19770 | 00 | |
| f taxes, penalties, inte | rest, or costs which are now a li | en against the real | estate are being o | ontested. | list below. |
| Year | Type (taxes, penalty | | Amount Con | | Amount Paid |
| Explain why the above a | mount has not been paid | | | | |
| Year | Type (taxes, penalty | , interest, or cost) | Amount Con | tested | Amount Paid |
| Explain why the above a | mount has not been paid | | | | |
| Year | Type (taxes, penalty | , interest, or cost) | Amount Cor | tested | Amount Paid |
| Explain why the above a | mount has not been paid | | | | 1 |
| Total Amount Contested | | Portion of | f total amount con | tested you | ı are willing to pay |
| Explain why you think th | is settlement is fair and reasona | ble rrictly | tenance of | from | Droperty |

Signature of Applicant

Applicant requests that the portion of the contested amount in excess of said sum offered should be abated, canceled and refunded. This statement is a true and full statement of all facts known to the applicant relative to this matter.

Signature of Applicant

Note: Mynesota Statutes, 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."

Use of Information

In order to be considered for abatement, you must file this form.

The information on this form will be used to properly identify you and determine if you qualify for abatement of property taxes under M.S. 270C.86 or 270C.34. Your Social Security number is required. If you do not provide the required information, your application may be delayed or denied. Your :Rev. 10/13. County Assessor may also ask for additional verification of qualifications. Your Social Security number is considered private data.

I, the undersigned county auditor, hereby certify the following amounts are the values and taxes currently on our records. Market Value **Amounts on Record** Year Land Improvements Total Taxes Penalties Interest Costs Total Certifications of Approval For this abatement to be granted by the Commissioner of Revenue, it must have been carefully investigated and receive the favorable recommendation of (i) either the assessor or the county treasurer; (ii) the county auditor; and (iii) the county board. Recommendation of Assessor or Treasurer Approval Certifications Approved Signature grelles Recommendation of County Auditor Approved Denied Signature Date County Board of Commissioner's Action (to be completed by County Auditor) Denied Signature Date Certifications of Final Approval (complete only for approved abatements; to be completed by County Auditor) I certify that the approval of this abatement will result in the following changes: Proposed Penalty Reduction \$ ___ Total Tax, Penalty, and Interest \$ ___ Proposed Tax Reduction \$ ___ Total Proposed Reduction \$ ___ Final Approval Proposed Interest Reduction \$ ___ Total Amount Payable \$ ___ by the applicant, all taxes, penalties, interest, and costs above in excess of the payment Upon payment of \$ _ amount are abated and cancelled, and the payment will be accepted as a full settlement. This approval was granted by the county board as an official action of that body or by the county auditor under a delegation from the board and has been entered upon the records of the county as a public record showing the names of the taxpayers, other concerned persons, and the amounts. Signature of County Auditor Date The Commissioner of Revenue may grant these reductions or abatements of inequitable or unjust taxes, penalties, interest or special assessments not yet paid, and order the refund of taxes, penalties, interest or special assessments that have been erroneously or DEPARTMENT OF REVENUE unjustly paid.(M.S. 270C.86, Subd. 1) Upon the favorable recommendation of the local officials, as certified above, the Commissioner of Revenue approves the abatement of the following amounts: Proposed Penalty and Interest Reduction Proposed Tax Reduction Total Proposed Reduction Signature of Commissioner or Delegate Date Signature of Commissioner or Delegate Date

Application for Property Tay Abatement

| ast Name // | atlon | First Name | | Middle Initial |
|---------------------------|---|---------------------------|-----------------------|--|
| Sittle | | (120 | reles | |
| Property Address | 4 9 | | | RIVACY INFORMATIO EMOVED |
| 232 (m | eny 1 | State | Zip code | County |
| Marola | 9 | Je W | 55943 | |
| Parcel ID or legal descri | ption of property (from tax stat | ement or valuation notice | e) | School District Number |
| 06-0007. | 002,06,0008 | 3,003,06.0 | 5009.000 | |
| | _ | | | |
| Applicant's State | | moto market value | | |
| and | being contested, list approxi Structures | mate market value. | Total | and the same of th |
| | | | | |
| f taxes, penalties, inte | rest, or costs which are now a | llen against the real e | state are being conte | |
| Year | Type (taxes, pena | Ity, interest, or cost) | Amount Conteste | d Amount Paid |
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| Year | Type (taxes, pena | ilty, interest, or cost) | Amount Conteste | d Amount Paid |
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| Explain why the above a | inount has not been paid | | | |
| Total Amount Contested | | Portion of to | otal amount conteste | d you are willing to pay |
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| Explain why you think th | was Oktors | nable | 1 1 12 | bouted |
| Pranette | was strong | rously Cod | ed rien- | renage |
| | • | | | |
| supreg | | | | |

Signature of Applicant

Note: Minnesota Statutes, 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."

Use of Information

In order to be considered for abatement, you must file this form.

The information on this form will be used to properly identify you and determine if you qualify for abatement of property taxes under M.S. 270C.86 or 270C.34. Your Social Security number is required. If you do not provide the required information, your application may be delayed or denied. Your (Rev. 10/13) County Assessor may also ask for additional verification of qualifications. Your Social Security number is considered private data.

I, the undersigned county auditor, hereby certify the following amounts are the values and taxes currently on our records. Market Value **Amounts on Record** Penalties Costs Total Taxes Interest Total Year Land **Improvements Certifications of Approval** For this abatement to be granted by the Commissioner of Revenue, it must have been carefully investigated and receive the favorable recommendation of (i) either the assessor or the county treasurer; (II) the county auditor; and (III) the county board. Recommendation of Assessor or Treasurer Approval Certifications Approved Denied 10/2/2020 Signature Recommendation of County Auditor Denied Approved Date Signature County Board of Commissioner's Action (to be completed by County Auditor) Denied Approved Signature Certifications of Final Approval (complete only for approved abatements; to be completed by County Auditor) I certify that the approval of this abatement will result in the following changes: Total Tax, Penalty, and Interest \$ Proposed Penalty Reduction \$ _____ Total Proposed Reduction \$ _____ Proposed Tax Reduction \$ ____ inal Approval Total Amount Payable \$ ___ Proposed Interest Reduction \$ __ by the applicant, all taxes, penalties, interest, and costs above in excess of the payment Upon payment of \$ _ amount are abated and cancelled, and the payment will be accepted as a full settlement. This approval was granted by the county board as an official action of that body or by the county auditor under a delegation from the board and has been entered upon the records of the county as a public record showing the names of the taxpayers, other concerned persons, and the amounts. Signature of County Auditor Date The Commissioner of Revenue may grant these reductions or abatements of inequitable or unjust taxes, penalties, interest or special assessments not yet paid, and order the refund of taxes, penalties, interest or special assessments that have been erroneously or DEPARTMENT OF REVENUE unjustly paid.(M.S. 270C.86, Subd. 1) Upon the favorable recommendation of the local officials, as certified above, the Commissioner of Revenue approves the abatement of the following amounts: Proposed Penalty and Interest Reduction Proposed Tax Reduction Total Proposed Reduction Signature of Commissioner or Delegate Date Signature of Commissioner or Delegate Date

Application for Property Tax Abatement

| Applicant Inf | ormation | | | | 7 . | |
|----------------------------------|---|---|--------------------------------------|--|---|---|
| Last Name | | | First Name | | Middl | e Initial |
| Holter | MAN CONTRACTOR OF THE PARTY OF | | Jer | ту | | |
| Property Address 227 P | ine St S | | | | Socia | I Security Number |
| Caledo | onia | | State | Zip code 55921 | Ho | ouston |
| Parcel ID or legal | description of property (| (from tax statemen | nt or valuation no | tice) | School | ol District Number |
| Applicant's S | Statement of Fact | :9 | | | | |
| | alue is being contested | | market value. | | | |
| Land | Struc | 104800 | | Total 117 | 400 | |
| 12600 | = = | | | 117 | CONTRACTOR OF THE PARTY OF THE | |
| | s, Interest, or costs whi | | | St. W. W | | |
| Year | Туре | (taxes, penalty, in | terest, or cost) | Amount Contes | ted | Amount Paid |
| Explain why the at | pove amount has not be | een paid — | | | | |
| Year | Туре | (taxes, penalty, in | terest, or cost) | Amount Contes | ted | Amount Paid |
| Explain why the at | pove amount has not be | en paid | | · | | |
| Year | Туре | (taxes, penalty, in | terest, or cost) | Amount Contes | ted | Amount Paid |
| Explain why the at | pove amount has not be | en paid | | 3 | 2 3 | |
| Total Amount Cont | tested | 200-1 - A | Portion of | total amount contest | ted you a | re willing to pay |
| Explain why you th | ink this settlement is fa | ir and reasonable | | and any Const | V. 4- | |
| Homes | itead remo | ved for | 2020 | | | |
| | piece. | | | | | |
| Signature of Ap | plicant | | | | AND SO | SIL SIL |
| Applicant reque and refunded. | sts that the portion of This statement is a tru | f the contested a ue and full stater | mount in excess ment of all facts | ss of said sum offere s known to the applic | ed should cant rela | d be abated, can atiye to this matte |
| Signature of Appli | | / | | Da | | 9/20 |

not more than \$3,000.00, or both."

In order to be considered for abatement, you must file this form.

The information on this form will be used to properly identify you and determine if you qualify for abatement of property taxes under M.S. 2700.86 or 270C.34. Your Social Security number is required. If you do not provide the required information, your application may be delayed or denied. Your 18ev 10/13] County Assessor may also ask for additional verification of qualifications. Your Social Security number is considered private data.

| Vone + land | Market Value | Total | Tours | i Penalties | T Int | araát " T | Conto Total |
|---|--|--|---|--|---|--------------------------------|--|
| Year Land | IIIIprovernents | TQ(ar | Taxas | LAUBICIAZ | 1 | erest | Costs Total |
| | | | | 4 | | ! | |
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| 1 | | | | | i | | |
| 1 | 1 | | | , | | * | |
| Certifications of | Approval | | | | | | |
| | | Commissioner of | f Revenue, It r | nust have been | careful | ly Investig | lated and receive the favor- |
| able recommendation | | | unty treasurer | (II) the county | auditor, | and (III) | the county board. |
| Recommendation of | 1 | | | | | | |
| ☐ Approved | // | Denied | : 7-1- | -0 - | | _ | f |
| Signature theat | Lower | Wall | telo | Cesses | 102 | Date | 10/2/2020 |
| Recommendation of | County Auditor | | | | *** | | |
| Approved | | Denied | | | | | |
| Signature | | | | | | Date | |
| County Board of Com | missioner's Action | (to be comple | ted by County | Auditor) | | | 77771-13 2 77771 |
| Approved | | Denied | | | | | |
| Signature | | | | - | | Date | |
| Proposed Tay Reduction | on \$ | | | Total | Amoun | t Payable | \$ \$ |
| Proposed Interest Red Upon payment of \$ amount are abated an This approval was grain | d cancelled, and th | e payment will board as an off | be accepted a licial action of t | s a full settleme | ent. the coul | nty eudito | re in excess of the payment or under a delegation from the taxpayers, other concert |
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| FFICI | E USE ONLY | | | _ |
|-------|--|-----------------------------|--------------------------|--|
| | ant Name | | Type of Application | ☐ Owner Occupied☐ Relative/Residential☐ Relative/Agricultura |
| | sment Year sor or Representative's Signature | | Determination | ☐ Approved ☐ Denied |
| | of a representative sagnature | | | □ Denied |
| e | | | | |
| or | nestead Application | , | | |
| lica | tions are due to your assessor's office by December 1 plicant must complete a separate form to apply for h | | | |
| | You MUST complete this section. Please provide the f | | | |
| | Address of Property | | Is the | property owned by a trust? |
| | 227 Pine St S | | Ye | s X No |
| | Property ID Number (Found on the Property Tax State) 21.0783.000 | ment} | | |
| | City | State | · · | County |
| | Caledonia | MN | 1 | Houston |
| | Purchased 2018 | Date Property was Oct | cupied by Applicant(s) | |
| , | is true and correct to the best of your knowledge. Occupant First Name and Initial | Occupant Last Name | | Social Security Number/ITIN |
| | Jerry D | Holter | | |
| | Are you listed as an owner on the deed? | Yes No | | |
| | Occupant's Previous Address 13758 Hwy. 44 | | | _ |
| | Calecton in | State MW | ZIP Code 5582/ | Howard |
| | Date Vacated | Check One: Did you cl | aim homestead at your pr | evious address? |
| | 10/19/2018 | Yes No | | |
| | Occupant's Marital Status: | Single Marri | ed Divorced | Legally Separated Widow |
| | If married, does your spouse occupy the property? | Yes No | | |
| 1 | Spouse of Occupant First Name and Initial | Spouse of Occupant L | ast Name | RIVACY INFORMATION |
| | Mary E | Holter | RE | MOVED |
| 1 | Previous Address | | | |
| | 13758 Huy. 44 | | | |
| | City | State | 55721 | County |
| , | Date Vacated | MN Check One: Did you of | aim homestead at your pr | revious address? |
| | Date Vacated | Yes X No | aim homestead at your pr | evious address? |

Complete Section 4A to apply for residential homestead OR Section 4B to apply for agricultural homestead. NOTE: If you are not sure whether you qualify for agricultural homestead, please contact the assessor's office. SECTION 4A: RESIDENTIAL HOMESTEAD APPLICATION OR SECTION 4B: AGRICULTURAL HOMESTEAD APPLICATION Section 4: Homestead Application Are you applying for residential homestead? No Are you applying for agricultural homestead? No Is your spouse applying for residential If yes, do you or your spouse claim another No homestead at this property as well?(If applicable agricultural homestead? Are you listed as an owner on the deed? No is your spouse applying for agricultural No homestead at this property as well? (If applicable) If you are not an owner, are you a qualifying relative of an owner?1 If you are not an owner, are you qualifying Yes No relative of an owner?2 If you are a qualifying relative, does your family have any other agricultural relative homesteads in Minnesota for your family? Complete this section ONLY if you are a qualifying relative applying for homestead. Otherwise, skip to Section 6. Section 5: Relative Homestead Property Owner First Name and Initial Property Owner Last Name Relationship to Applicant Application Property Owner Mailing Address City ZIP Code State County Is the property owner a Minnesota resident? Yes No Sign Here I certify that the above information is true and correct to the best of my knowledge. Minnesoto Statutes, section 609.41, states that anyone giving false information in order to avoid or reduce their tax obligations is subject to a fine of up to \$3,000 and/or up to one year in prison. This application must be signed by all owners who occupy the property or by the qualifying relative and returned to the county assessor to receive homestead on this property. Signature of Oceanant 608-799-2058 Evening Phone ndinish Ramil. com
Daytime Phone
1008-518-9158 608-799-2258 Section 6: Signatures Signature of Occupant's Spouse (If Applicable) Email 608-518-9158 Signature of Other Owner(s) (If Applicable) Date Daytime Phone **Evening Phone** Email

Complete both sides and mail this completed application and all required attachments to your assessor.

Date

Email

Signature of Other Owner(s) (If Applicable)

Evening Phone

Daytime Phone

¹For **residential homestead**, qualifying relatives include: parent, stepparent, child, stepchild, grandparent, grandchild, brother, sister, uncle, aunt, nephew, or niece of the owner, by blood or marriage.

²For **agricultural homesteads** qualifying relatives include: grandchild, child, sibling, or parent of the owner of the agricultural property or the spouse of the owner.

Application for Property Tax Abatement

| Applicant Informat Last Name | | First Nam | € | Mic | Idle Initial |
|--|--|-------------------|-----------------------|----------|----------------------|
| Coughlin | | Molly | | Α | VINEODIATIO |
| Property Address | | | | REMO\ | CY INFORMATIO |
| 434 N 1st St | | | | KEMOV | CD |
| City | 0.00 | State | Zip code | Cou | unty |
| La Crescent | | MN | 55947 | Ho | uston |
| Parcel ID or legal descript | ion of property (from tax statemen | nt or valuation n | otice) | Sch | nool District Number |
| 25.0210.000 | | | | 300 | 0 |
| Annilaant's Staton | sout of Easts | | | | |
| Applicant's Staten | | | | | |
| if the assessed value is t Land | peing contested, list approximate Structures | e market value. | Total | _ | |
| 29,300.00 | 119300.00 | | 148600.00 | | |
| THE PROPERTY OF SECTION AND ADDRESS OF THE PROPERTY OF THE PRO | est, or costs which are now a lien | against the rea | al estate are being c | ontested | , list below. |
| Year | Type (taxes, penalty, in | | Amount Con | | Amount Paid |
| | | | | | |
| Explain why the above am | ount has not been paid | | | | |
| Year | Type (taxes, penalty, in | nterest, or cost) | Amount Con | tested | Amount Paid |
| Explain why the above am | ount has not been paid | | | | |
| Year | Type (taxes, penalty, in | nterest, or cost) | Amount Con | tested | Amount Paid |
| | | | | | |
| Explain why the above an | nount has not been paid | | | | |
| Total Amount Contested | | Portion | of total amount cont | ested yo | are willing to pay |
| | | | | | |
| | settlement is fair and reasonable | | | | . 19 |
| Missing | Homestead Excli | 151011 - 0 | spolication | ong | file |
| 1 0 | artest describeration (Fig. 19) at | | | 6 | 1 |
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Date

Note: Minnesota Statutes, 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."

Use of Information

In order to be considered for abatement, you must file this form.

The information on this form will be used to properly identify you and determine if you qualify for abatement of property taxes under M.S. 270C.86 or 270C.34. Your Social Security number is required. If you do not provide the required information, your application may be delayed or denied. Your (Rev 10:13) County Assessor may also ask for additional verification of qualifications. Your Social Security number is considered private data.

Sign

I, the undersigned county auditor, hereby certify the following amounts are the values and taxes currently on our records. Market Value Amounts on Record Year Land Improvements Total Taxes Penalties Interest Costs Total Certifications of Approval For this abatement to be granted by the Commissioner of Revenue, it must have been carefully investigated and receive the favorable recommendation of (i) either the assessor or the county treasurer; (ii) the county auditor; and (iii) the county board. Recommendation of Assessor or Treasurer Approval Cortifications Approved Signature Recommendation of County Auditor Approved Denied County Board of Commissioner's Action (to be completed by County Auditor) Approved Denied Signature Date Certifications of Final Approval (complete only for approved abatements; to be completed by County Auditor) I certify that the approval of this abatement will result in the following changes: Total Tax, Penalty, and Interest \$ _____ Proposed Penalty Reduction \$ _____ Total Proposed Reduction \$ _____ Proposed Tax Reduction \$ ____ Final Approval Proposed Interest Reduction \$ ___ Total Amount Payable \$ ___ by the applicant, all taxes, penalties, interest, and costs above in excess of the payment amount are abated and cancelled, and the payment will be accepted as a full settlement. This approval was granted by the county board as an official action of that body or by the county auditor under a delegation from the board and has been entered upon the records of the county as a public record showing the names of the taxpayers, other concerned persons, and the amounts. Signature of County Auditor Date The Commissioner of Revenue may grant these reductions or abatements of inequitable or unjust taxes, penalties, interest or special assessments not yet paid, and order the refund of taxes, penalties, interest or special assessments that have been erroneously or DEPARTMENT OF REVENUE unjustly paid.(M.S. 270C.86, Subd. 1) Upon the favorable recommendation of the local officials, as certified above, the Commissioner of Revenue approves the abatement of the following amounts: Proposed Penalty and Interest Reduction Proposed Tax Reduction Total Proposed Reduction Signature of Commissioner or Delegate Date Signature of Commissioner or Delegate explication was received 12/20/19 + whissed the 15,2019 Deallere for tours payable on 2020

4 (2)

| | | | | |
|---------------------------------|--|---|---------------------------|---|
| OFFI | CE USE ONLY | | | |
| | icant Name Oughler Lidely | | Type of Application | ☐ Owner Occupied ☐ Relative/Residential ☐ Relative/Agricultural |
| Asse | ssment Year | | man and a second | _ |
| Asse | ssor or Representative's Signature | | Determination | Approved |
| | CH . | | | ECEIWE. |
| Date | 1/29/2020 | | | DEC 207318 1 |
| Ho | mestead Application | | B | Y: |
| | cations are due to your assessor's office by December 1 applicant must complete a separate form to apply for h | | | |
| Ę | You MUST complete this section. Please provide the fo | ollowing information o | n the property for which | you are claiming homestead. |
| Section 1: Property Information | Address of Property 434 N 1S+ Stype+ | | | e property owned by a trust? Yes No |
| μĮ | Property ID Number (Found on the Property Tax Staten | nent) | | A |
| Ē | 25 0210 000 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| odo. | City | State | ZIP Code | County |
| <u> </u> | 1 a rvoscent | MM | 55047 | Houston |
| 5 | Date Purchased | Date Property was (| Occupied by Applicant(s) | 110000101 |
| ecti | 03/23/2018 | 03/2 | 1117018 | |
| 91 | EACH occupant and/or married couple applying for ho | 0010 | 910010 | |
| pant information | both Social Security numbers, even if one of the spoulis true and correct to the best of your knowledge. Occupant First Name and Initial Are you listed as an owner on the deed? | Occupant Last Name | | fy that the information you provide PRIVACY INFORMATION REMOVED |
| int in | Occupant's Previous Address | | | |
| | 1911 Farnam St | State | ZIP Code | County |
| ő | LA Crosse | \\)\ | 541001 | La CEOSSE |
| Section 2: Occu | | | claim homestead at your | |
| Ğ | Date Vacated | - m | | previous address: |
| S | 03/24/2018 | Yes X No | | |
| | Occupant's Marital Status: | Single Ma | rried Divorced | Legally Separated Widow |
| | If married, does your spouse occupy the property? | Yes No | | |
| ation | Spouse of Occupant First Name and Initial | Spouse of Occupan | t Last Name | Social Security Number/ITIN |
| ection 3: Spouse Information | Previous Address | | | |
| : Spou | City | State | ZIP Code | County |
| ection 3 | Date Vacated | Check One: Did you | ı claim homestead at your | previous address? |

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|----------|-------------|
| neste | |
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| 운 | 5 |
| 2 | Ť |
| Relative | Application |
| 9 | 6 |
| ** | 4 |
| 5 | |
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Complete Section 4A to apply for residential homestead OR Section 4B to apply for agricultural homestead. NOTE: If you are not sure whether you qualify for agricultural homestead, please contact the assessor's office.

| | PLICATION OR SECT | 101710 | TURAL HOMESTEAD APPLICATION |
|--|--|--|--|
| Are you applying for residential homestead? | Yes No Are you a | pplying for agricult | tural homestead? Yes XI |
| is your spouse applying for residential homestead at this property as well?(If applicable) | | you or your spouse al homestead? | e claim another Yes I |
| Are you listed as an owner on the deed? | Yes No Is your sp | ouse applying for a | agricultural Yes 1 |
| If you are not an owner, are you a qualifying | Yes No homestea | d at this property | as well? (If applicable) |
| relative of an owner?1 | | not an owner, are f an owner? ² | you qualifying Yes I |
| | have any | | ve, does your family Yes It relative homesteads v? |
| | | | |
| Complete this section ONLY if you are a qualifying | ng relative applying for homest | ead. Otherwise, sl | kip to Section 6. |
| Property Owner First Name and Initial | Property Owner Last N | lame / | Relationship to Applicant |
| | | | |
| Property Owner Mailing Address | | | |
| City | State | ZIP Code | County |
| City | State | ZIP Code | County |
| Is the property owner a Minnesota resident? Yes No Sign Here | | | |
| Yes No Sign Here I certify that the above information is true and coronyone giving folse information in order to avoid or be signed by all owne | r reduce their tax obligations is | subject to a fine of | up to \$3,000 and/or up to one year |
| Yes No Sign Here I certify that the above information is true and congruence giving false information in order to avoid on the signed by all ownessessor to receive homestead on this property. | r reduce their tax obligations is rs who occupy the property or | subject to a fine of by the qualifying i | up to \$3,000 and/or up to one year relative and returned to the county o |
| Yes No Sign Here I certify that the above information is true and coronyone giving false information in order to avoid or be signed by all ownersessor to receive homestead on this property. | r reduce their tax obligations is rs who occupy the property or Date | subject to a fine of by the qualifying o | up to \$3,000 and/or up to one year |
| Yes No Sign Here I certify that the above information is true and coronyone giving false information in order to avoid or be signed by all ownersessor to receive homestead on this property. Signature of Occupant | r reduce their tax obligations is rs who occupy the property or | subject to a fine of by the qualifying o | up to \$3,000 and/or up to one year relative and returned to the county of |
| Sign Here I certify that the above information is true and core anyone giving false information in order to avoid or be signed by all owners sessor to receive homestead on this property. Signature of Occupant Evening Phone | Date | subject to a fine of by the qualifying i | up to \$3,000 and/or up to one year relative and returned to the county of |
| Sign Here I certify that the above information is true and coranyone giving false information in order to avoid or be signed by all ownersessor to receive homestead on this property. Signature of Occupant Evening Phone Signature of Occupant's Spouse (If Applicable) | Date Table | subject to a fine of by the qualifying i | tup to \$3,000 and/or up to one year relative and returned to the county of time Phone |
| Sign Here I certify that the above information is true and cor anyone giving false information in order to avoid or be signed by all ownersessor to receive homestead on this property. Signature of Occupant, Evening Phone Signature of Occupant's Spouse (If Applicable) Evening Phone | Date Table Date D | Subject to a fine of by the qualifying of Days | tup to \$3,000 and/or up to one year relative and returned to the county of time Phone |
| Yes No Sign Here I certify that the above information is true and coronyone giving folse information in order to avoid or be signed by all owne | Date Compare the property or Compare the property of Compare th | Subject to a fine of by the qualifying of Days | tup to \$3,000 and/or up to one year relative and returned to the county of time Phone |
| Sign Here I certify that the above information is true and coronyone giving folse information in order to avoid or be signed by all ownersessor to receive homestead on this property. Signature of Occupant Evening Phone Signature of Occupant's Spouse (If Applicable) Evening Phone Signature of Other Owner(s) (If Applicable) | Date Date Email Date Date Date Date Date | Dayt Dayt | tup to \$3,000 and/or up to one year relative and returned to the county of time Phone |

Complete both sides and mail this completed application and all required attachments to your assessor.

¹For residential homestead, qualifying relatives include: parent, stepparent, child, stepchild, grandparent, grandchild, brother, sister, uncle, aunt, nephew, or niece of the owner, by blood or marriage.

²For agricultural homesteads qualifying relatives include: grandchild, child, sibling, or parent of the owner of the agricultural property or the spouse of the owner.

RESOLUTION NO. 20-49

AQUATIC INVASIVE SPECIES PREVENTION AID

October 6, 2020

WHEREAS, 2014 Session Law Chapter 308 enacted by the Legislature provides Minnesota counties a County Program Aid grant for Aquatic Invasive Species (AIS) prevention. The amount designated for each county is based on the number of watercraft trailer launches as well as the number of watercraft trailer parking spaces within each county. Houston County was allocated \$22,755 for 2021 and years following (5 watercraft trailer launches and 50 watercraft trailer parking spaces), and

WHEREAS, the legislation requires that Houston County must establish, by resolution or through adoption of a plan, guidelines for the use of the proceeds which are to prevent the introduction or limit the spread of aquatic invasive species at all access sites within the county, and

WHEREAS, the county may appropriate the proceeds directly or may use any portion of the proceeds to provide funding to a soil and water conservation district in the county, for a joint powers board or cooperative agreement with another political subdivision, a watershed district in the county, or a lake association located in the county. Any money appropriated by the county to a different entity or political subdivision must be used as required under this section, and

WHEREAS, the county must submit a copy of its guidelines for use of the proceeds to the Department of Natural Resources by December 31 of the year the payments are received, and

WHEREAS, maintaining an ongoing effort to inform the public of resource needs, resource impairments and resource protection matters has been identified as the most important tool in addressing water resource concerns in the Houston County Water Plan, the fight against Aquatic Invasive Species is included in this educational effort and will continue to be a cornerstone of Houston County's Water Plan.

NOW THEREFORE, BE IT RESOLVED the Board of Commissioners of Houston County, Minnesota designate oversight of Houston County's AIS prevention efforts to the Root River Soil and Water Conservation District and delegates to them the responsibility to prepare, implement and report annually a plan to allocate the funding in accordance with the above legislation.

*****CERTIFICATION*****

STATE OF MINNESOTA, COUNTY OF HOUSTON

I, Jeff Babinski, do hereby certify that the above is true and correct copy of a resolution adopted by the Houston County Board of Commissioners at the session dated October 6, 2020.

WITNESS my hand and the seal of my office this 6th day of October 2020.