



Jeffrey Babinski
County Administrator

HOUSTON COUNTY

304 South Marshall Street
Caledonia, MN 55921
TEL (507) 725-5827

Commissioners:
District 1
Jack Miller
District 2
Eric Johnson (Chair)
District 3
Robert Burns (Vice-Chair)
District 4
Teresa Walter
District 5
Greg Myhre

HOUSTON COUNTY BOARD OF COMMISSIONERS BOARD MEETING AGENDA

9:00, December 22, 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:98040449407 and password 398904. Public attendees are requested to mute their line until addressed.*******

CALL TO ORDER

PLEDGE OF ALLEGIANCE

APPROVE AGENDA

APPROVE MINUTES

- 1) Board Meeting: December 15, 2020

ACTION ITEMS

- 1) Approve Claims, Human Service & License Center disbursements.
- 2) Consider approval of the addendum to the Professional Services contract with CEDA for an additional 8 hours per week. (Arrick-Kruger)
- 3) Assign Cindy Cresswell-Hatleli as an Accredited Minnesota Appraiser, B-25, Step 5, effective January 1, 2021.
- 4) Approve abatement requests for Tony Becker, Hokah and Michelle Benson, Spring Grove.

ADJOURN

WORKGROUP SESSION AGENDA

9:30, December 22, 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:98040449407 and password 398904. Public attendees are requested to mute their line until addressed.*******

CALL TO ORDER

WORKGROUP SESSION

Application for Property Tax Abatement

For Taxes Levied in Tax Year(s): 2019

BY: _____

And Taxes Payable in Year(s): 2020

Applicant and Property Information

Applicant Information

Last Name <u>Becker</u>		First Name <u>Tony</u>	Middle Initial
Property Address <u>106 6th St</u>		Social Security Number <u>[REDACTED]</u>	
City <u>Hokan</u>	State <u>MN</u>	Zip code <u>55141</u>	County <u>Houston</u>
Parcel ID or legal description of property (from tax statement or valuation notice) <u>23.0196.000</u>			School District Number

Applicant's Statement of Facts

If the assessed value is being contested, list approximate market value.

Land <u>7100</u>	Structures <u>72900</u>	Total <u>80000</u>
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If taxes, penalties, interest, or costs which are now a lien against the real estate are being contested, list below.

Year	Type (taxes, penalty, interest, or cost)	Amount Contested	Amount Paid
Explain why the above amount has not been paid			

Year	Type (taxes, penalty, interest, or cost)	Amount Contested	Amount Paid
Explain why the above amount has not been paid			

Year	Type (taxes, penalty, interest, or cost)	Amount Contested	Amount Paid
Explain why the above amount has not been paid			

Total Amount Contested	Portion of total amount contested you are willing to pay
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Explain why you think this settlement is fair and reasonable <u>Homestead Classification didn't hold</u>

Sign Here

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 <u>[Signature]</u>	Date <u>11/30/20</u>
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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 County Assessor may also ask for additional verification of qualifications. Your Social Security number is considered private data.

Corrected tax 1264
Abatement \$636

For Office Use Only

I, the undersigned county auditor, hereby certify the following amounts are the values and taxes currently on our records.

Amounts on Record

Year	Market Value		Taxes	Penalties	Interest	Costs	Total
	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

☒ Approved ☐ Denied

Signature *Guthrie Russell Hittler* Title *County Assessor* Date *12/16/2020*

Recommendation of County Auditor

☐ Approved ☐ Denied

Signature _____ Date _____

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 \$ _____

Proposed Tax Reduction \$ _____ Total Proposed Reduction \$ _____

Proposed Interest Reduction \$ _____ Total Amount Payable \$ _____

Upon payment of \$ _____ 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 _____

Final Approval

DEPARTMENT OF REVENUE

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 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

Taxes Levied in Tax Year(s)

Taxes Payable in Year(s)

Applicant and Property Information

Applicant Information

Last Name

Benson

First Name

Michelle

Middle Initial

D

Property Address

220 Goodview Dr

Social Security Number

County

Houston

State

MN

Zip Code

55974

Parcel ID or legal description of property (from tax statement or valuation notice)

School District Number

Applicant's Statement of Facts

If the assessed value is being contested, list approximate market value.

Year	Structures	Total
8400	95100	103500

If taxes, penalties, interest, or costs which are now a lien against the real estate are being contested, list below.

Year	Type (taxes, penalty, interest, or cost)	Amount Contested	Amount Paid
Explain why the above amount has not been paid			
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Total Amount Contested			
Portion of total amount contested you are willing to pay			

Explain why the above amount has not been paid

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Explain why the above amount has not been paid			
Total Amount Contested			
Portion of total amount contested you are willing to pay			

Explain why you think this settlement is fair and reasonable

Error in Coding this classification. Qualifies for an exclusion in Property tax

Signature of Applicant

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

Signature of Applicant

Michelle Benson

Date

12-16-20

Under Minnesota Statutes, Section 469.01, Whoever in making any statement oral or written which is required or authorized by law to be made as a basis of imposing, assessing 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 for each offense.

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. 270A.55.

If you do not provide the required information, your application may be delayed or denied.

If you are not a resident of Minnesota, you must provide additional verification of qualifications. Your Social Security number is considered private data.

Previous tax \$1586.00 Correct tax \$1046.00 Abatement \$540.00

For Office Use Only

I, the undersigned county auditor, hereby certify the following amounts are the values and taxes currently on our records.

Year	Market Value			Taxes	Penalties	Interest	Costs	Total
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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

☒ Approved ☐ Denied
 Signature Anthony Resurrección Wallat Title County Assessor Date 12/17/2020

Recommendation of County Auditor

☐ Approved ☐ Denied
 Signature _____ Date _____

County Board of Commissioner's Action (to be completed by County Auditor)

☐ Approved ☐ Denied
 Signature _____ Date _____

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 Proposed Tax Reduction \$ _____
 Total Proposed Reduction \$ _____

Signature of Commissioner or Delegate _____ Date _____
 Signature of Commissioner or Delegate _____ Date _____