

For Taxes Levied in 20\_\_\_\_  
and Payable in 20\_\_\_\_

**HUBBARD COUNTY APPLICATION FOR ABATEMENT – SOLID WASTE**  
(M.S. 375.192)

Property Information	
Parcel ID#: _____	
Site Address: _____	<input type="checkbox"/> Tax is Paid in Full
Legal Description: _____	<input type="checkbox"/> Tax Paid – 1 <sup>st</sup> Half
_____	<input type="checkbox"/> Tax is NOT Paid / Due

Applicant Information	
Applicant's Name: _____	
Applicant's Social Security Number: _____	
Applicant's Mailing Address: _____	
Phone # ( ) _____	Alternate Phone # ( ) _____
<b>Applicant's Statement of Facts:</b>	
<b>Applicant's Request:</b>	

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*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 maker of this 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."

Solid Waste Units & Fees			
Current Solid Waste Units		Proposed Solid Waste Units	
Current Solid Waste Fee	\$	Proposed Solid Waste Fee	\$

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

\_\_\_\_\_  
*Signature of Investigator*

\_\_\_\_\_  
*Date*

## Certification of Approval

NOTE: For this abatement to be approved, the county solid waste administrator, county auditor and the county board of commissioners must all favorably recommend its adoption.

<b>County Solid Waste Administrator's Recommendation:</b>	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
_____	_____	_____
<i>County Solid Waste Administrator Signature</i>		<i>Date</i>
<b>County Auditor's Recommendation:</b>	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
_____	_____	_____
<i>County Auditor Signature</i>		<i>Date</i>

<b>County Board of Commissioners' Action:</b>	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
<i>I certify that at a meeting held the ____ day of _____, 20____, 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 person, and the amount involved.</i>		
_____	_____	_____
<i>County Board Signature</i>		<i>Date</i>

## Certification of Final Approval

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

Reduction of Tax	\$
Reduction of Penalty	\$
Reduction of Interest	\$
Total Reduction/Refund	\$
Total Payable Tax	\$

\_\_\_\_\_  
*Signature of County Auditor*

\_\_\_\_\_  
*Date*