



Board of County Commissioners Agenda Request

24
Agenda Item #

Requested Meeting Date: October 11, 2016

Title of Item: County Assessor Reappointment

<input type="checkbox"/> REGULAR AGENDA <input checked="" type="checkbox"/> CONSENT AGENDA <input type="checkbox"/> INFORMATION ONLY	Action Requested: <input type="checkbox"/> Approve/Deny Motion <input checked="" type="checkbox"/> Adopt Resolution (attach draft) <i>*provide copy of hearing notice that was published</i>	<input type="checkbox"/> Direction Requested <input type="checkbox"/> Discussion Item <input type="checkbox"/> Hold Public Hearing*
Submitted by: Patrick Wussow		Department: Administration
Presenter (Name and Title):		Estimated Time Needed:
Summary of Issue: Please see attached.		
Alternatives, Options, Effects on Others/Comments:		
Recommended Action/Motion: Adopt resolution.		
Financial Impact: Is there a cost associated with this request? <input type="checkbox"/> Yes <input type="checkbox"/> No What is the total cost, with tax and shipping? \$ Is this budgeted? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please Explain:</i>		

CERTIFIED COPY OF RESOLUTION OF COUNTY BOARD OF AITKIN COUNTY, MINNESOTA

ADOPTED October 11, 2016

By Commissioner: xx

20161011-0xx

County Assessor

WHEREAS, Minnesota Statute 273.061, requires that the terms of office as County Assessor shall begin on January 1 of every fourth year after 1973, and

WHEREAS, January 1, 2017 will begin a new term of office for county assessors statewide. Statute requires the Commissioner of Revenue to approve the appointment and the reappointment of all county assessors.

THEREFORE, BE IT RESOLVED, that Mike Dangers is hereby appointed County Assessor of Aitkin County for a four-year term commencing January 1, 2017, pursuant to the provisions of Minnesota Statute, Section 273.061.

Commissioner xx moved the adoption of the resolution and it was declared adopted upon the following vote

FIVE MEMBERS PRESENT

All Members Voting Yes

**STATE OF MINNESOTA}
COUNTY OF AITKIN}**

I, Patrick Wussow, Interim County Administrator, Aitkin County, Minnesota do hereby certify that I have compared the foregoing with the original resolution filed in the Administration Office of Aitkin County in Aitkin, Minnesota as stated in the minutes of the proceedings of said Board on the 11th day of October 2016, and that the same is a true and correct copy of the whole thereof.

Witness my hand and seal this 11th day of October 2016

Patrick Wussow
Interim County Administrator

MINNESOTA • REVENUE

MEMO

Date: October 3, 2016
To: County Assessors
From: Amy Rausch, Property Tax Compliance Officer II
Property Tax Division
Subject: County Assessor Reappointment

Minnesota Statutes 273.061 declares that the terms of office as County Assessor shall begin on January 1 of every fourth year after 1973.

January 1, 2017 will begin a new term of office for county assessors statewide. Statute requires the Commissioner of Revenue to approve the appointment and the reappointment of all county assessors.

The department is distributing the attached forms:

- Request of Information for County Assessor Reappointment
- Notice of Intent to Collect Private Data
- Acknowledgment and Authorization for Background Check
- Authorization for Income Tax Check

These forms must be completed and returned to the Department of Revenue by every county assessor who has been reappointed to the position by the County Board.

When do you need to return the forms by?

Please send your completed forms to the Department of Revenue by November 18th, 2016.

Mail to:

Alex Eveland
Minnesota Department of Revenue
Mail Station 3340
600 N. Robert St.
St. Paul MN, 55146-3340

Once your appointment is confirmed, the department will send you a certificate approving your appointment and the language for an "Oath of Office" that must, per Minnesota Statute 273.061, be taken before your County Board.

What if you have questions?

If you have any questions please contact Amy Rausch at (651) 587-4407 or amy.rausch@state.mn.us.

Thank you for your compliance in this matter.

Property Tax Division
600 North Robert Street
Mail Station 3340
St. Paul, MN 55146

Tel: 651-556-6091
Fax: 651-556-3128
TTY: Call 711 for Minnesota Relay
An equal opportunity employer

www.revenue.state.mn.us

Request of Information for County Assessor Reappointment

You must attach to this form a copy of the County Board minutes approving the resolution to appoint you as the County Assessor.

Personal Information

Last Name	First Name	M.I.	Date
Address			
City/Town	State	Zip Code	County
Business Phone	E-mail Address		

General Information

What is your current level of assessment licensure? SAMA AMA

License# _____

If you are an AMA, please provide the date of first appointment as County Assessor: _____

County of Employment _____

Your Title _____

Outside Activities: Please check the appropriate boxes. If you have performed any of these outside activities, you must inform us. At least one box must be checked. If you have performed Fee Appraiser and/or Real Estate Sales activities, please list all jurisdictions where these activities were performed.

<input type="checkbox"/> Property Management	<input type="checkbox"/> Fee Appraiser	Jurisdiction of fee appraisals or real estate sales
<input type="checkbox"/> Property Management	<input type="checkbox"/> Fee Appraiser	_____
<input type="checkbox"/> Property Tax Consultant	<input type="checkbox"/> Insurance Sales	_____
<input type="checkbox"/> Property Tax Representative	<input type="checkbox"/> Real estate Sales	_____
<input type="checkbox"/> I do not perform any of these outside activities		

Have you been convicted of a felony in the past 5 years? No Yes

If yes, explain: _____

Have you filed all your required Minnesota Income Tax Returns? No Yes

Do you owe any taxes to the State of Minnesota? No Yes

You must attach a copy of the County Board minutes approving the resolution to appoint you as the County Assessor.

Sign Here

By signing below, I certify that this form is correct and complete to the best of my knowledge and belief.

Signature of Applicant	Date
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See Reverse for "Use of Information."

Form CR-CAR Use of Information

This information request is not required by law to be filed. However, in order to be considered for appointment or reappointment as a county assessor, you must file this form. M. S. 273.061 requires the Commissioner of Revenue to approve the appointment of all county assessors. The Department of Revenue uses this information in order to determine whether to approve your appointment. All information on this form is necessary to identify you and determine if you qualify for appointment as a county assessor. If some or all of the information is not provided your appointment or reappointment may be delayed or not approved. Your Social Security Number, home address, whether you have filed all of your required Minnesota Income Tax Returns

and whether you owe any taxes to the State of Minnesota are private information and cannot be disclosed to others without your consent. The Department of Revenue can use this information for tax administration purposes.

All other information on the form, including your work address, is public.

Please return this form and attachments to the Department of Revenue, Property Tax Division:

Alex Eveland
Property Tax Division
Mail Station 3340
600 N. Robert St.
St. Paul MN, 55146-3340

NOTICE OF INTENT TO COLLECT PRIVATE DATA

The Property Tax Division of the Minnesota Department of Revenue and its vendor, American DataBank, will obtain copies of my consumer reports, for the purpose of allowing the department to make informed decisions about my suitability for appointment.

I understand that the data obtained through this background check will be accessed by authorized personnel whose jobs reasonably require access. This may include vendor personnel, background check administrators, exclusive representatives, and others as allowed under state or federal law.

I understand that I am not legally required to give my consent, but that if I do not, I will be removed from consideration for appointment. I understand that I have an obligation to fully and accurately provide all of the information that is requested for background check purposes.

I have reviewed and understand the contents of this document.

Applicant Name: _____

Applicant Signature: _____

Date: _____

Scope of Background Check:

- County Criminal Search
- National Criminal Background
- Federal Criminal Background
- Social Security Number and Address Verification
- National Sex Offender Registry
- Professional License Verification
- Social Security Number Validation
- Income Tax Verification

Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate documents entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents.

I hereby authorize the Minnesota Department of Revenue to obtain the “consumer reports” and/or “investigative consumer reports” referenced in the above-mentioned documents at any time after it receives this authorization and throughout my appointment, if applicable.

I hereby authorize, without reservation, any law enforcement agency; administrator; state or federal agency; institution, school or university (public or private); information service bureau; employer; or insurance company to furnish any and all background information requested by American DataBank, 110 Sixteenth St., 8th Fl., Denver, CO 80202, 1-800-200-0853, www.americandatabank.com, and/or the department itself. I agree that a facsimile (“fax”), electronic, or photographic copy of this Authorization shall be as valid as the original.

Last (Family) Name _____ First _____ Middle _____

Other Names/Alias _____

Social Security* # _____ Date of Birth* _____

Driver’s License # _____ State of Driver’s License* _____

Present Address _____

City/State/Zip _____

Phone Number: _____ Email Address: _____

Signature: _____ Date: _____

*This information will be used for background screening purposes only and will not be used as hiring criteria. American DataBank’s privacy policy can be found at www.americandatabank.com/privacypolicy.aspx.

AUTHORIZATION FOR INCOME TAX CHECK

If you have lived in state(s) other than Minnesota during the previous four years, list below:

Street Address: _____

City, State, Zip: _____

Dates lived at this address (mo/yr): from _____ to _____

List additional addresses and dates from other States below if necessary

Tax Information

Answer all of the questions and sign/date below:

Have you failed to file any state or federal income tax returns in the last four years? yes no

If "yes", please explain: _____

Do you presently owe and state or federal income taxes? yes no

If "yes", please explain: _____

Have you failed to file any business tax returns in the last four years for which you have been determined personally liable? yes no

If "yes", please explain: _____

Do you presently owe any business taxes for which you have been determined personally liable? yes no

If "yes", please explain: _____

I authorize the Minnesota Department of Revenue to conduct an inquiry on past and current tax returns, both state and federal, for the purpose of verifying the filing and payment status of my returns.

Applicant Name: _____

Applicant Signature: _____ **Date:** _____