



# Board of County Commissioners Agenda Request

**2Q**  
Agenda Item #

**Requested Meeting Date:** June 28, 2022

**Title of Item:** Board of Appeal and Equalization Certification Form

<input type="checkbox"/> REGULAR AGENDA	<b>Action Requested:</b>	<input type="checkbox"/> Direction Requested
<input checked="" type="checkbox"/> CONSENT AGENDA	<input checked="" type="checkbox"/> Approve/Deny Motion	<input type="checkbox"/> Discussion Item
<input type="checkbox"/> INFORMATION ONLY	<input type="checkbox"/> Adopt Resolution (attach draft)	<input type="checkbox"/> Hold Public Hearing*
<i>*provide copy of hearing notice that was published</i>		

<b>Submitted by:</b> Mike Dangers	<b>Department:</b> County Assessor
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<b>Presenter (Name and Title):</b>	<b>Estimated Time Needed:</b>
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**Summary of Issue:**

On the next page is a form prescribed by the Department of Revenue, that is the Assessor's official record of voting members present at the appeal meeting on June 14. This is basically the same form that the Board signs every year for this meeting.

Please sign this form. Thank you.

**Alternatives, Options, Effects on Others/Comments:**

**Recommended Action/Motion:**

**Financial Impact:**

Is there a cost associated with this request?  Yes  No

What is the total cost, with tax and shipping? \$

Is this budgeted?  Yes  No *Please Explain:*

## County Board of Appeal and Equalization Certification Form for 2022

The County Board of Appeal and Equalization (CBAE) must complete and sign the County Board of Appeal and Equalization Certification Form for each meeting. At the end of each CBAE meeting, the county assessor takes possession of the completed forms.

**Note:** If a CBAE completes its work in less than 10 days, it may adjourn at that time. No action taken by the CBAE after June 30 is valid. If the board calls a recess, a quorum also must be present at the reconvene meeting for the board to take valid action. In order to verify that the quorum requirement was met, the board must complete and sign a County Board of Appeal and Equalization Certification Form for each reconvene meeting. The date and time for the reconvene meeting must be determined before the initial meeting is recessed. Once the CBAE has adjourned they cannot reconvene.

### Section 1 – The following information must be completed at the beginning of the meeting.

County name Aitkin			
Meeting (check one): <input checked="" type="checkbox"/> convened or <input type="checkbox"/> reconvened	Date 6/14/2022	Time 4:00	<input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.
Appointments Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were appointments offered beyond 7:00pm: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Meeting (check one) <input checked="" type="checkbox"/> Convened <u>4:00</u> date <u>6/14/2022</u> time <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m. <input type="checkbox"/> Reconvened _____ date _____ time <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.			
Meeting (check one) <input type="checkbox"/> Recessed <input checked="" type="checkbox"/> Adjourned <u>7:00</u> date <u>6/14/2022</u> time <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.			

### County Board Members

List all voting members of the CBAE and indicate if each member was present or absent. All members present at the meeting must sign this form. By signing this form, you certify that:

- you attended the CBAE meeting along with the other board members marked as present on this form;
- the board heard appeals for the parcels listed and voted to act as indicated on the CBAE Record Form; and
- no board member participated in changes made to property owned by the board member, the board member's spouse, parent, stepparent, child, stepchild, grandparent, grandchild, brother, sister, uncle, aunt, nephew, or niece of the board member, or any property in which the board member has a financial interest.

For each **voting member** present, check "Yes" or "No" indicating if the member has completed the training required under Minnesota Statutes, Section 274.135 within the last four years. **All voting members present at the meeting must sign this form.**

Print names of all voting members	Title	Attendance	Training certified	Signature (for those in attendance only)
J. Mark Wedel	Chairperson	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>X</b>
Ann Marcotte	Commissioner	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>X</b>
Brian Napstad	Commissioner	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>X</b>
Donald Niemi	Commissioner	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>X</b>
Laurie Westerlund	Commissioner	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>X</b>
Kirk Peysar	Auditor	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>X</b>
		<input type="checkbox"/> Present <input type="checkbox"/> Absent	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>X</b>

### Section 2 – Assessment Personnel

This section must be completed by the county assessor and by the county auditor (or, if the auditor cannot be present, the deputy county auditor, or, if there is no deputy, the court administrator of the district court).

County auditor (print name) Kirk Peysar County auditor signature <b>X</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">Other Assessment personnel present</th> </tr> <tr> <td colspan="2" style="text-align: center;">Please list additional names on the back of this form.</td> </tr> <tr> <td style="width:50%;">Name</td> <td style="width:50%;">Title</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>Name</td> <td>Title</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>Name</td> <td>Title</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Other Assessment personnel present		Please list additional names on the back of this form.		Name	Title			Name	Title			Name	Title		
Other Assessment personnel present																	
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Name	Title																
Name	Title																
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County assessor (print name) Mike Dangers County assessor signature <b>X</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Name</td> <td style="width:50%;">Title</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>Name</td> <td>Title</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Name	Title			Name	Title										
Name	Title																
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**Note:** The CBAE cannot reduce the jurisdiction's total EMV by more than 1 percent. If the total amount of adjustments lowers the jurisdiction's total EMV by more than 1 percent, none of the adjustments will be allowed.