



Health & Inspections Department      Animal Control  
 400 2nd Street South                      Environmental Health  
 St. Cloud MN 56301                      Rental Housing Inspections  
 (320)255-7214  
 Fax (320)650-3145

June 21, 2013  
 Citation #: 2013-00440  
 Parcel #:

### Administrative Citation

This citation charges you with one or more violations of the City of St. Cloud Code of Ordinances.

**THIS IS THE ONLY NOTICE YOU WILL RECEIVE**

WEST COUNTY ROAD D, APT

NEW BRIGHTON, MN 55112

Location of violation: \ 14 AVE S

Is the violator the property owner? Yes

Date of violation: June 14, 2013

Time of violation: 11:40:49 AM

CHARGE		
Section, Subdivision, Chapter, Article	Violation Description and Detail	Fine
1005:40, Subd. 1(b)	Nuisances Affecting Health/Safety-Accumulation The garage is filled with bags and piles of garbage, refuse, litter, and rubbish. Litter includes used hypodermic needles observed in the garage. A strong decaying smell is emanating from the garage.	\$250.00
<b>Payment due by: July 11, 2013</b>		<b>Total Amount Due: \$250.00</b>

**COMMENTS:**

A notice of violation was issued to the property owner for accumulation of garbage in the garage. A compliance date of June 16, 2013 was given to correct all violations. As of 6/20/13, the garbage had not been removed from the garage by the owner or her agent. The City of St. Cloud contracted to have materials removed on 6/20/13.

City representative: Travis Bistodeau -

City representative signature:

Date: June 21, 2013

Served: First Class Mail

(payment and appeal information enclosed)

**APPEAL INFORMATION**

St. Cloud City Code Section 1100:00 Subd. 7 states: "The person responsible for the violation shall either pay the scheduled civil fine or request a hearing within 20 days after issuance of the administrative citation."

You may appeal this citation by requesting an administrative hearing. To request an administrative hearing contact the St. Cloud City Attorney's Office at (320) 255-7204. If you fail to appear for the hearing, you are admitting the charges against you and the hearing officer may impose a penalty in your absence. A request for hearing must be accompanied by a \$75 administrative fee. The fee may be waived or reduced with proof of financial need. The hearing officer may also reduce or waive the administrative fee.

If the payment arrives more than 20 days after your citation was issued, you will be required to pay a 10% late payment fee pursuant to St. Cloud City Code Section 1100:00 Subd. 8(a) unless within that initial 20 day period you have requested an administrative hearing.

If you fail to either pay the citation or request an administrative hearing within 20 days of the issuance of the citation, it will be deemed an admission to having committed the violation and the nonpayment of the civil fine shall constitute a personal obligation owing to the City which may be collected by the City by any appropriate legal means. If the fine was imposed for a property-related violation, the City may assess the applicable property pursuant to Section 1100:00 Subd. 8(b) of this Code.

Cut Here



**ADMINISTRATIVE CITATION PAYMENT**

**ALL ADMINISTRATIVE CITATIONS MUST BE PAID IN FULL. PARTIAL PAYMENTS WILL NOT BE ACCEPTED.**

**CASH OR CHECK PAYMENTS:** City Hall offices are located at 400 - 2nd Street South St. Cloud, MN 56301. Make checks or money orders payable to: **City of St. Cloud - AC**. Please reference the Administrative Citation number on your check or use the form below. A \$30 service fee will be added to all dishonored checks.

**CREDIT CARD PAYMENTS:** If you choose to pay your fine with a credit card by telephone please contact the City of St. Cloud Cashier at 320-650-3374. For payment with credit card by mail, return this form with your credit card information and signature.

**Citation #: 2013-00440**

**Parcel:**

**Total Due: \$250.00**

**1 WEST COUNTY ROAD D, APT  
NEW BRIGHTON MN 55112**

For payment by credit card only

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_

MasterCard:  Visa:  Discover:

Name on Card \_\_\_\_\_

(Please Print)

Signature: \_\_\_\_\_