

the limited replacement cost coverage endorsement, the most the city could get if this vehicle were to be a total loss, would be \$40,000 which is 200% of the ACV.

In this example, it would make sense for the member to have the auto scheduled with a value of \$40,000 (200% of the ACV) rather than the cost new of \$50,000. Since the most the coverage would provide for would be \$40,000, there is no reason the city should be pay premium based on the cost ne value of \$50,000.

#### EXAMPLE 2

Member #2 has an auto on replacement cost. The cost new for this auto is \$50,000 while the ACV is \$40,000. Based on the coverage provided by the limited replacement cost coverage endorsement, the most the city could get if this vehicle were to be a total loss, would be \$50,000 or the cost new because this is the lesser of the three coverage limits stated.

In this example, it makes sense for the member to schedule the auto with a value of \$50,000, since that is the most the coverage would provide for

COVENANT NUMBER: CMC 1004411-1

### LIMITED REPLACEMENT COST ENDORSEMENT

This endorsement amends the Municipal Automobile Physical Damage Coverage.

In consideration of the additional premium of \$ INCLUDED it is understood and agreed that with respect to the units scheduled below:

				<u>LIMIT</u>
2011	FORD F350	PICKUP	TBA	\$ 29,249
2004	STERLING	L8511	1122	\$ 60,000

SECTION III-LIMITS OF COVERAGE AND VALUATION, paragraph 1. a. (1) (2) is deleted and the following substituted:

- a. The most we will pay for any scheduled unit stolen or damaged in any one loss is the smaller of:
- (1) The cost of repairing or replacing parts with like kind and quality without deduction for depreciation;
  - (2) The cost of an equivalent new *automobile* without deduction for depreciation;
  - (3) The limit stated in this endorsement as applicable to each *covered automobile*.

However, if the repairs are equal to or greater than 80% of the actual cash value, the most we will pay is the smaller of:

- (1) 200 percent of the actual cash value of the *automobile*;
- (2) The cost of an equivalent new *automobile* without deduction for depreciation;
- (3) The limit stated in this endorsement as applicable to each *covered automobile*.

All other terms and conditions remain unchanged.

CONFIDENTIAL

# Memo

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From: Adrianna Hennen, Clerk-Treasurer

To: Freeport City Council

Date: 11/20/17

Re: Deputy Treasurer Position Interviews

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Attached are two applications/resumes for two very qualified individuals for the Deputy Treasurer position. I conducted preliminary interviews with each of them and I feel they would both be assets to the city.



**CITY OF FREEPORT**  
 125 East Main Street  
 P.O. Box 301  
 Freeport, MN 56331

Tel. 320-836-2112 Fax 320-836-2116

**APPLICATION FOR EMPLOYMENT**  
 An Equal Opportunity Employer

Position Applied For: <u>Deputy Treasurer</u>			Date of Application <u>11/20/2017</u>
Available to Work: <input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Shift Work			
When would you be available? <u>December 4th, 2017</u>			
Last Name <u>Dunn</u>	First Name <u>Deborah</u>	Middle Name <u>Jean</u>	<i>This box intentionally left blank.</i>
Home Phone: <u>(320) 304-5040</u> cell			Are you a United States citizen or legally eligible to work in the U.S.? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If hired, you will be required to provide documentation that you are eligible to work in the U.S)
Work Phone: ( ) _____			
Email Address: <u>debdunn56@gmail.com</u>			
Address: <u>378 Countryside Lane, Unit 1 Albany, MN 56307</u>			
Are you of legal age to work? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If yes verification will be required)			
Are you currently employed?    Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
May we contact your present employer?    Yes <input type="checkbox"/> No <input type="checkbox"/>			

**RECORD OF EDUCATION**

Education	School Name, City and State		Major Area of Study
High School	<u>Morton Public</u>	Diploma <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No GED <input type="checkbox"/> Yes <input type="checkbox"/> No	
College	<u>Southwest Minnesota State University</u>	Degree Completed: <input type="checkbox"/> Associates <input checked="" type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Other <input type="checkbox"/> No degree _____ (# of years completed or credits earned)	<u>Business Administration</u>
Technical or Certificate Programs	<u>Ridgewater Community College</u>	Indicate type of certificate earned. <u>Associate Degree</u>	<u>Human Services</u>
Summarize special skills/training not listed above: <u>Public Speaking, Excellent Customer Relations, Positive Attitude, Strong Work Ethics</u>			

Current Employment Information			
Employer: <i>USDA</i> <i>Rural Development</i>	Dates Employed: From <i>2004</i> To <i>2008</i>	Job Title <i>Loan Assistant</i>	
Address: <i>Willmar, MN 56201</i>			
Telephone: <i>320-235-3540</i>	Job Duties <i>observe, receive, and obtain relevant information. Establish long-range objectives. Develop specific goals and plans to prioritize, organize and accomplish workload.</i>		
Pay Information			
Starting:			Ending:
Reason for Leaving: <i>Promotion</i>			

Previous Employment Information			
Employer: <i>USDA</i> <i>Rural Development</i>	Dates Employed: From <i>2008</i> To <i>2010</i>	Job Title <i>Loan Specialist</i>	
Address: <i>Prescott Valley, Arizona</i>			
Telephone: <i>928-759-9301</i>	Job Duties <i>Responsible for review and analyze application data. Ensure supporting documents are complete and confirm with federal regulations.</i>		
Pay Information			
Starting:			Ending:
Reason for Leaving: <i>Promotion</i>			

Previous Employment Information			
Employer: <i>USDA</i> <i>Rural Development</i>	Dates Employed: From <i>2010</i> To <i>2017</i>	Job Title <i>Loan Specialist</i>	
Address: <i>Torrington, Wyoming</i>			
Telephone: <i>307-233-6710</i>	Job Duties <i>Process project information and annual reports. Effectively utilize software. Maintain current records.</i>		
Pay Information			
Starting:			Ending:
Reason for Leaving: <i>Relocated.</i>			

List professional registration, memberships, licenses and/or certificates related to the position you are applying for

Volunteer as Secretary and Treasurer for professional organization for 7 years.

Certificate of Appreciation past 10 years for exemplary dedication and customer service.

**REFERENCES:** Please list three persons, who are not related to you or previous supervisors, who can provide professional references.

Name	Address	Phone #	Relationship/Occupation	Years Known
Ashley Harpstreith	Torrington, WY	307-532-5162	Work Appearance	7 yrs
Eric Boyer	Torrington, WY	307-532-1866	Co-worker	7 yrs
Kresta Faaborg	Prescott Valley, AZ	605-695-2345	Co-worker	10 yrs

### Claim for Veteran's Preference

Complete this section ONLY if you are a veteran AND claiming veteran's preference. If you do not meet the eligibility requirements outlined below, do not complete this section. To use the preference you must complete this section AND supply a copy of your discharge papers (DD214 Form).

A **veteran**, for purpose of offering a preference, is a citizen of the United States or a resident alien separated under honorable conditions from any branch of the U.S. armed forces:

- After having served on active duty for 181 consecutive days; or
- By reason of disability incurred while serving on active duty; or
- Who has met the minimum active duty required as defined by CFR, Title 38, Section 3.12a; or
- Who has active military service certified under 38 U.S.C.A. Section 106, Part I, Chapter 1.

#### Active Duty Information:

Have your (or your disable spouse) served on active duty without interruption for 181 days or more?  Yes  No

Type of separation:  Honorable  Honorable release from active duty and transfer to reserves  Medical  Other

#### For Disabled Veterans:

Permanent  Yes  No Percent of Disability \_\_\_\_\_%

#### For Spouses of Deceased Veterans:

Have you remarried?  Yes  No

#### Affidavit:

I hereby claim veteran's preference for this position and certify that all of the information given is true, complete, and correct to the best of my knowledge.

I hereby authorized the Veteran's Administration to release information necessary to process this application to the City of Freeport.

Signature \_\_\_\_\_

Date \_\_\_\_\_

# Deborah Dunn

Albany, MN 56307

deborahdunn34\_kv4@indeedemail.com - 320-304-5040

Authorized to work in the US for any employer

## WORK EXPERIENCE

### Loan Specialist

USDA Rural Development - Torrington, WY - 2010-10 - 2017-01

Duties, Accomplishments and Related Skills:

- \* Committed to providing rural communities with financial programs
- \* Enhance economic opportunity by providing financial programs
- \* Demonstrate positive working relationships with customers
- \* Provide Financial Analysis of audits and financial statements
- \* Determine the appropriate loan and grant mix needed to accomplish goal
- \* Demonstrate critical thinking and brainstorming to solve problems/issues
- \* Financing ranged from \$100,000 to a multi- million dollar project
- \* Collaborate and partner with other local and state agencies
- \* Leverage resources and assets to obtain the long term economic growth
- \* Sustainability boasting a 0% delinquency rate for Program Portfolio
- \* Ensure compliance with federal requirements as well as GAAP/GAGAS
- \* Received recognition with Certificates of Appreciation from State Director
- \* Self-disciplined and have a passion for learning
- \* Earned a Bachelor of Science degree while working full-time
- \* Graduated with honors
- \* Provide leadership, guidance, and review of a variety of complex loans
- \* Provide recommendations to improve program effectiveness
- \* Determine eligibility and conformance with program policy and regulations
- \* Determine applicant's eligibility, project feasibility, and credit worthiness
- \* Develop, implement, and coordinate a broad/aggressive marketing plan

Supervisor: Lorraine Werner (307-233-6710)

Lorraine.werner@wy.usda.gov

Okay to contact this Supervisor: Yes

### Loan Specialist

USDA Rural Development - Prescott Valley, AZ - 2008-07 - 2010-10

Duties, Accomplishments and Related Skills:

- \* Provided single-family/ multi-family housing and rural facility programs
- \* Responsible for loan/grant-making and servicing for programs administered \* Review and analyze loan and grant applications and pre-applications
- \* Ensure supporting documents are complete and conform with federal statutory regulations, policies, procedures and practices
- \* Accurately and timely Input of data into automated database systems
- \* Performed comprehensive review and in-depth analyses of financial data
- \* Analyze application for eligibility, feasibility, credit-worthiness and viability

- \* Determine a project's conformance with loan requirements
- \* Monitor civil rights compliance
- \* Evaluate/mitigate and prepare environmental assessment
- \* Review key data to ensure multiyear forecasts are realistic
- \* Develop and implement an outreach and marketing program

Supervisor: Don Irby (928-759-9301)

Okay to contact this Supervisor: Retired

### **Loan Assistant**

USDA Rural Development - Willmar, MN - 2004-08 - 2008-07

Accomplishments and Related Skills:

- \* Processed and serviced the Single Family Housing Loans and Grants for the largest portfolio in Minnesota.
- \* Maintained REO and Inventory property
- \* Process foreclosures in accordance with regulations and procedure
- \* Assisted Multi-Family Housing owners and managers
- \* Process project information and annual reports
- \* Assisted Community Program Specialist with processing/servicing guaranteed loan, grants and municipal bonds
- \* Effectively utilized computer systems and applications
- \* Maintained current management system records
- \* Serviced internal and external customers with knowledge of all Rural Development Programs.

Supervisor: Michel Hinrichsen (320-235-3540)

Okay to contact this Supervisor: Retired

### **Medical Assistant**

Mayo Clinic/Affiliated Medical Center - Rochester, MN - 1991-04 - 2004-08

Accomplishments and Related Skills:

- \* Provided assistance to Mayo Medical Center patients, visitors and staff
- \* Communicated information accurately in a pleasant and efficient manner
- \* Displayed good judgment and problem solving skills
- \* Assume responsibility of self-development within the role

Supervisor: Barb Berg (507-284-5300)

Okay to contact this Supervisor: Yes

## **EDUCATION**

### **Bachelor's Degree in Business Administration**

Southwest MN State University Marshall - Marshall, MN  
2007-09 - 2008-12

### **Associate's Degree in Human Services**

Ridgewater Community College - Willmar, MN  
2002-09 - 2003-12



## SKILLS

\*Public Speaking \*Underwriting \*Financial Analysis \* Credit Analysis \* Customer Relations \* Positive attitude  
\* Excellent work ethics

## AWARDS

### **Certificate of Appreciation**

2016-01

Ten years of recognition for exemplary dedication and customer service.

## CERTIFICATIONS/LICENSES

### **Loan Specialist**

## GROUPS

### **Wyoming Association of Credit Specialist**

2011-01 - 2017-01

Treasurer and Secretary Volunteer for organization that sought to improve effectiveness and efficiency nation wide.

## ADDITIONAL INFORMATION

Work experience of over 13 years:

- \* Outreach and Promote Programs
- \* Recruit customers
- \* Process application, Underwrite Loan, Financial & Credit Analysis
- \* Close Loan and Monitor Construction
- \* Service Customer for Term of Loan.



**CITY OF FREEPORT**  
 125 East Main Street  
 P.O. Box 301  
 Freeport, MN 56331

Tel. 320-836-2112 Fax 320-836-2116

**APPLICATION FOR EMPLOYMENT**

An Equal Opportunity Employer

Position Applied For: <b>DEPUTY TREASURER</b>		Date of Application <b>11-13-17</b>
Available to Work: <input type="checkbox"/> Full Time <input checked="" type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Shift Work		
When would you be available? <b>11-13-2017</b>		
Last Name <b>PETERSEN</b>	First Name <b>DOUGLAS</b>	Middle Name <b>H.</b>
Home Phone: <b>(320) 340-6140</b>		This box intentionally left blank.  Are you a United States citizen or legally eligible to work in the U.S.? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If hired, you will be required to provide documentation that you are eligible to work in the U.S)
Work Phone: ( ) _____		
Email Address: <b>dhp160@HOTMAIL.COM</b>		
Address: <b>14544 OLD LAKE RD PAYNESVILLE, MN 56362</b>		
Are you of legal age to work? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If yes verification will be required)		
Are you currently employed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
May we contact your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		

**RECORD OF EDUCATION**

Education	School Name, City and State		Major Area of Study
High School	<b>NORTHFIELD SR. HIGH SCHOOL NORTHFIELD, MN 55057</b>	Diploma <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No GED <input type="checkbox"/> Yes <input type="checkbox"/> No	
College <b>SCSU</b>	<b>ST. CLOUD STATE UNIVERSITY</b>	Degree Completed: <input type="checkbox"/> Associates <input checked="" type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Other <input type="checkbox"/> No degree _____ (# of years completed or credits earned)	<b>ENGLISH MGMT FINANC</b>
<b>METRO STATE</b>	<b>METRO STATE UNIVERSITY</b>		<b>ACCOUNTING</b>
Technical or Certificate Programs	<b>CMA - Certified MGMT ACCT RTRP - REGISTERED TAX RETURN PREPARER</b>	Indicate type of certificate earned. <b>CMA RTRP</b>	<b>- ACCOUNTING - TAX LAW</b>
Summarize special skills/training not listed above:			

Current Employment Information			
Employer:	Dates Employed: From _____ To _____	Job Title	
Address: <i>See ATTACHED RESUME</i>			
Telephone:	Job Duties		
Pay Information			
Starting:			Ending:
Reason for Leaving:			

Previous Employment Information			
Employer:	Dates Employed: From _____ To _____	Job Title	
Address:			
Telephone:	Job Duties		
Pay Information			
Starting:			Ending:
Reason for Leaving:			

Previous Employment Information			
Employer:	Dates Employed: From _____ To _____	Job Title	
Address:			
Telephone:	Job Duties		
Pay Information			
Starting:			Ending:
Reason for Leaving:			

List professional registration, memberships, licenses and/or certificates related to the position you are applying for

**REFERENCES:** Please list three persons, who are not related to you or previous supervisors, who can provide professional references.

Name	Address	Phone #	Relationship/Occupation	Years Known
	SEE ATTACHED		REFERENCES	

**Claim for Veteran's Preference**

Complete this section ONLY if you are a veteran AND claiming veteran's preference. If you do not meet the eligibility requirements outlined below, do not complete this section. To use the preference you must complete this section AND supply a copy of your discharge papers (DD214 Form).

A **veteran**, for purpose of offering a preference, is a citizen of the United States or a resident alien separated under honorable conditions from any branch of the U.S. armed forces:

- After having served on active duty for 181 consecutive days; or
- By reason of disability incurred while serving on active duty; or
- Who has met the minimum active duty required as defined by CFR, Title 38, Section 3.12a; or
- Who has active military service certified under 38 U.S.C.A. Section 106, Part I, Chapter 1.

**Active Duty Information:**

Have your (or your disable spouse) served on active duty without interruption for 181 days or more?  Yes  No

Type of separation:  Honorable  Honorable release from active duty and transfer to reserves  Medical  Other

**For Disabled Veterans:**

Permanent  Yes  No Percent of Disability \_\_\_\_\_ %

**For Spouses of Deceased Veterans:**

Have your remarried?  Yes  No

**Affidavit:**

I hereby claim veteran's preference for this position and certify that all of the information given is true, complete, and correct to the best of my knowledge.

I hereby authorized the Veteran's Administration to release information necessary to process this application to the City of Freeport.

Douglas H. Peterson  
Signature

11-13-17  
Date

**APPLICANT ACKNOWLEDGMENT AND AUTHORIZATION**

**PLEASE READ CAREFULLY BEFORE SIGNING.**

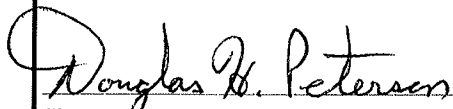
I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents may be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that should an offer of employment be extended by the City of Freeport that such employment with the City of Freeport is at will, for no specified duration and may be terminated by either the City of Freeport or myself at any time, with or without cause. I understand that none of the documents, policies, procedures, actions, statements of the City of Freeport or its representatives used during the employment process is deemed a contract of employment, real or implied. I further understand that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the City of Freeport. In consideration for employment with the City of Freeport, if employed, I agree to conform to the rules, regulations, policies and procedures of the City of Freeport at all times and understand that such obedience is a condition of employment.

I understand that if offered a position with the City of Freeport, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize all schools, former employers, references, courts and any others who have information about me to provide such information to the City of Freeport and/or its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

**BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.**

  
 \_\_\_\_\_  
 Signature

11-13-17  
 \_\_\_\_\_  
 Date

**THE CITY OF FREEPORT IS AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS OR ANY OTHER STATUS PROTECTED BY LAW.**

**IMPORTANT FACTS ABOUT INFORMATION ON YOUR APPLICATION**

This application is to assist in the process of referring you for possible employment. Certain information requested on the application is private; that is, it may be released only to you or to agencies where you may be considered for employment (to comply with M.S. 13.43, Subd 2)

Private Data	Why We Ask For It	Are You Legally Obligated To Provide It?	What May Happen If You Don't Provide It
Social Security #	To distinguish you from other applicants and to make processing more efficient	No	Nothing. However, it will help to ensure that your records are not confused with others
Name	To distinguish you from all other applicants	Yes	Failure to provide information may be cause for rejecting an application

Address	To be able to send you notices	Yes	Failure to provide information may be cause for rejecting an application
Home Telephone	To be able to contact you to determine availability for interview and to notify you when we need you to work on short notice.	No	We may not be able to employ you in certain jobs where you may be required to come to work on short notice.
Conviction Record	To determine whether we may legally accept an application from you and to determine whether your record may be a job related consideration	Yes	We will not be able to make determinations required by law. Failure to provide relevant conviction information may be grounds for dismissal.

Douglas H. Petersen, CMA  
14544 Old Lake Rd,  
Paynesville, MN 56362  
(320) 340-6140 Cell: 952-356-6444  
Email: dpetersen10322@comcast.net

**Professional Experience:**

**Fairway Dairy & Ingredients, LLC.**

Lakeville, MN

2008-2017

(Commodity Brokerage Trading Firm // Cheese Remanufacturing Facility)

Controller for privately held companies.

- Fully implemented Sage Mas 100 (Mas 90 / Mas 200) ERP Accounting software reducing month end close time by 9 months, allowing better financial reporting and data analysis capabilities.
  - 1) Modified Sales Order and AR modules with Sales Rep codes to better track profitability by Salesperson; Eliminating manual spreadsheet tracking of Sales Rep. profitability through use of Mas 90 reports
  - 2) Properly used purchase order module with purchases clearing report to better track inventory received, open PO receipts, vendor invoices and prepaid purchase orders.
  - 3) Implemented AP Ach module to more productively pay vendors via Bank Wire and ACH payments.
  - 4) Brought Payroll back in house via Payroll module, resulting in 15k savings per year in payroll processing fees.
  - 5) Reconciled Inventory in 8 warehouses in 5 states.
  - 6) Revised procedures in Bill of Material module to better reflect inventory costs of blended product.
  - 7) Trained and worked with software users in the Accounting and Sales area to better utilize system.
- Increased cash flow metrics through better use of ACH in payment receipts and disbursements, resulting in better Customer and Vendor relationships.
- Assessed and revised accounting area controls and procedures, allowing for staff reduction of 33% while gross revenue increased 369% over 7 years.
- Assessed and reviewed overhead expenses reducing costs by 23%.
- Reduced AR Days Sales Outstanding by 23 days by assessing and revising Customer billing processes; this improved cash flow reduced Operating Interest Expense while experiencing rapid sales growth.
- Improved banking relationship allowing for increase in working capital line of 325%.
- Reviewed and revised Business Liability Insurance resulting in cost savings of 8%.
- Administrator of Corporate computer network / intranet / email and VPN/Firewall access.
- Hands-On Controller for 2 Common Ownership Companies using QuickBooks Software for Cheese Remanufacturer/ Warehouse Company and Property Management Company

**LVC, INC. // J N Johnson Sales & Service, Inc.**

Edina, MN

2004-2008

(Fire alarm, Security, Nurse Call and CCTV systems // Fire Extinguisher Systems and Service provider.

Controller / Corporate Secretary for privately held Construction / Service Corporations.

- Fully implemented Microsoft Dynamics Navision Software Job Costing Module and trained Project Managers, Purchasing, and Accounting Department Staff in proper use of Percentage of Completion Revenue and Cost Recognition; allowing for better job cost controls and Revenue and Profitability reporting on jobs.
- Worked with Vendors on implementation of Sage Timberline ERP Software.
- Designed, implemented and supervised Inventory Controls on Service Departments and Job Site Inventory.

**U.S. NAVY: NSWC, Dahlgren, VA and Dam Neck, VA , Top Secret Clearance - Honorable Discharge**

**EDUCATION:**

St. Cloud State University - St. Cloud, Minnesota

Bachelor of Science, Major in Management Finance

Bachelor of Arts, Major in English.

Metropolitan State University – St Paul, Minnesota Major in Accounting.

Certified Management Accountant (CMA) – Certified April 2002.

Member Institute of Certified Management Accountants – 1994 to present.

Certified QuickBooks Online Advanced User, Certified QuickBooks Desktop User.

Registered Tax Return Preparer Certification (RTRP) – Certified November 2012.

Registered Notary Public-Hennepin County, Minnesota.

## REFERENCES

### Personal

Mr. Robert W. Kluver  
Teacher, Northfield Public Schools  
RR #3, Box 231  
Northfield, MN 55057  
(507) 663-0582

Mr. Gary Jeans  
Gary Jeans Construction, LLC  
8901 Colfax Ave So  
Bloomington, MN 55420  
(952) 831-5660

Ms. Alexandra Thron  
HR Manager  
Southdale Pediatrics  
3955 Parklawn Ave  
Edina, MN 55435  
(952) 831-4454

Mr. Alan Wales  
President  
Grand Enterprises, Inc..  
10025 Zinra Rd S  
Bloomington, MN 55438  
(952) 220-0009

### Professional

Mr. Stanley Kintigh  
President  
Control Concepts, Inc  
7870 Park Drive  
Chanhassen, MN 55317  
(952) 474-6200

Mr. Robert Hoertsch  
President  
LVC, Inc.  
266 North Owasso Blvd  
Shoreview, MN 55126  
(651) 765-6393

Mr. Clarence Lilienthal  
Vice President  
Control Concepts, Inc  
7870 Park Drive  
Chanhassen, MN 55317  
(952) 474-6200

Mr. Brian K. King, CPA  
Audit Manager  
Boulay, LLP  
7500 Flying Cloud Dr, Ste 800  
Eden Prairie, MN 55344  
(952) 893-9320

Mr. Ronald "Nick" Sovell  
President  
RPM, Inc.  
6665 West Hwy 13  
Savage, MN 55378  
(952) 808-2266

Mr. Kevin Raabe  
President  
PC Resources  
4811 Barrie Road  
Edina, MN 55435  
(952) 270-7377

Mr. Gregg Ellsworth  
BRS, Inc.  
(763) 286-5054 - cell

Mr. Daniel Johnson  
BRS, Inc.  
8 Dorset Road  
Mendota Heights, MN 55118-1915  
(651) 592-7565



**DD FORM 1 JUL 79 214** PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE. **CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY**

1. NAME (Last, first, middle) **PETERSEN, DOUGLAS HERBERT** 2. DEPARTMENT, COMPONENT AND BRANCH **NAVY - USNR** 3. SOCIAL SECURITY NO. **470 68 3397**

4a. GRADE, RATE OR RANK **OS2** 4b. PAY GRADE **E5** 5. DATE OF BIRTH **57JUL19** 6. PLACE OF ENTRY INTO ACTIVE DUTY **MINNEAPOLIS MN**

7. LAST DUTY ASSIGNMENT AND MAJOR COMMAND **AEGIS TRACEN DAHLGREN VA** 8. STATION WHERE SEPARATED **PERSUPPDET DAHLGREN VA**

9. COMMAND TO WHICH TRANSFERRED **NAVAL RESERVE PERSONNEL CENTER NEW ORLEANS LA 70149** 10. SGLI COVERAGE AMOUNT \$ **50,000**  NONE

11. PRIMARY SPECIALTY NUMBER, TITLE AND YEARS AND MONTHS IN SPECIALTY (Additional specialty numbers and titles involving periods of one or more years)	12. RECORD OF SERVICE		
	YEAR (s)	MON (s)	DAY (s)
OS - 0311 - AEGIS CG-47 CLASS OPERATION SPECIALIST (1 YEAR)  0317 - NTDS - INPUT/UTILIZATION DISPLAY EQUIPMENT OPERATOR (1 YEAR)	a. Date Entered AD This Period	85	JUN 25
	b. Separation Date This Period	88	JUN 24
	c. Net Active Service This Period	03	00 00
	d. Total Prior Active Service	00	00 17
	e. Total Prior Inactive Service	00	01 15
	f. Foreign Service	00	00 00
	g. Sea Service	00	00 00
	h. Effective Date of Pay Grade	87	SEP 16
	i. Reserve Oblig. Term. Date	93	MAY 09

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)  
NONE  
X X X  
X X X  
X X X

14. MILITARY EDUCATION (Course Title, number weeks, and month and year completed)  
OS "A" SCHOOL, 17 WKS, DEC 85; CG NTDS INPUT (J-221-0094), 3 WKS, JAN 86; AEGIS CIC CRS (A-221-0024), 3 WKS, JUN 86; PETTY OFFICER INDOC CRS, 1 WK, JUL 86  
X X X  
X X X

15. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM  YES  NO 16. HIGH SCHOOL GRADUATE OR EQUIVALENT  YES  NO 17. DAYS ACCRUED LEAVE PAID **41.0**

18. REMARKS  
MEMBER WAS PROVIDED WITH A COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE TREATMENT WITHIN 90 DAYS PRIOR TO RELEASE FROM ACTIVE DUTY.  
X X X  
X X X  
X X X  
X X X  
X X X  
X X X  
X X X  
X X X  
X X X

19. MAILING ADDRESS AFTER SEPARATION **RR 2 BOX 231 DENMARK AVE NORTHFIELD, MN 55057** 20. MEMBER REQUESTS COPY 6 BE SENT TO MN DIR. OF VET AFFAIRS  YES  NO

21. SIGNATURE OF MEMBER BEING SEPARATED \_\_\_\_\_ 22. TYPED NAME, GRADE, TITLE AND SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN **D. CUNNINGHAM, ENC. USN, CPOIC**

**SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)**

23. TYPE OF SEPARATION <b>RELEASED FROM ACTIVE DUTY</b>	24. CHARACTER OF SERVICE (Includes upgrades) <b>HONORABLE</b>	
25. SEPARATION AUTHORITY <b>MILPERMAN 3620150.1C</b>	26. SEPARATION CODE <b>LBK</b>	27. REENLISTMENT CODE <b>RE-RI</b>
28. NARRATIVE REASON FOR SEPARATION <b>USNR EXPIRATION OF TERM OF ACTIVE OBLIGATED SERVICE</b>		30. MEMBER REQUESTS COPY 4) _____ INITIALS
29. DATES OF TIME LOST DURING THIS PERIOD <b>TL - NONE</b>		

# Memo

From: Adrianna Hennen, Clerk-Treasurer

To: Freeport City Council

Date: 11/20/17

Re: Ross Klaphake

After the September council meeting Ross Klaphake came in for a building permit to move a shed onto his property. Before signing off on the permit I asked that he send me pictures so I knew what the structure looked like before I could allow it onto the property. Below are the pictures that I received.



After reviewing the pictures I told Klaphake that I would not be able to sign off on the building permit application until the building met city code. I sent him the ordinances and explained the requirements. After that I did not hear back from Klaphake for some time. Then, on October 31<sup>st</sup> Loren informed me that he saw that Klaphake had moved the shed onto his property. I informed Dan Marthaler and Scott Dymoke. Marthaler looked at the shed and said that what Klaphake had accomplished so far was good and he was pleased with what he saw, but Marthaler was displeased that Klaphake did this without a permit and was now violating city code. Dymoke recommended bringing this to the November council meeting to make council aware. At this point I have signed off on the application with the condition that Klaphake bring the shed up to city code requirements by May 15, 2018. Dan Mathaler would not approve a building permit until council had input on the matter.

Below is a picture of the shed on the property.



# Memo

From: Adrianna Hennen, Clerk-Treasurer

To: Freeport City Council

Date: 11/20/17

Re: Accessory Structures

I have recently gotten pushback on our Residential Accessory Structure Ordinance. Currently our ordinance allows a 120 sq/ft or smaller accessory structure to be built without a permanent foundation and just a zoning permit is required. The accessory structure also has to meet setback requirements. Anything above 120 sq/ft needs to have a permanent foundation and a building permit, and also needs to meet setback requirements.

Some are questioning why a structure that is 120 sq/ft or less needs to meet setback requirements since it's not permanent and is moveable.

## **500.25 R-1, Single and Two-Family Residence District Subd.6 Lot, Yard, Area and Height Requirements Accessory Use**

	Lot Minimum		Setbacks			Maximum
	Area Sq. Feet	Width (ft.)	Front	Side	Rear	Height
Single and two-family existing lots (8/30/72)	5,000	50 or less	Not allowed	6	5, unless rear loading then 10ft	18 ft
Existing Lots (8/30/72)	5,000	51 or more	Not allowed	10	5, unless rear loading then 10ft	18 ft
New Lots	15,000	75	Not allowed	10	5, unless rear loading then 10ft	18 ft

**4. Each attached single family dwelling must meet the lot, yard, area, and height requirements of this subdivision**, with the exception that: (1) the side yard setback requirement is waived for the shared party wall, and (2) the lot area requirement is reduced to 7,500 square feet per dwelling unit. Single family attached dwellings sharing a party wall shall not house more than two dwelling units. Each attached single family dwelling unit must have separate and individual front and rear entrances, and separate and individual water and wastewater service.

### **500.48 Accessory structures**

#### **Subd.1 General Standards**

1. Agricultural buildings on agricultural properties and industrial buildings on industrial properties are exempt from the requirements of this Section.
2. In cases where an accessory building is attached to the principal structure it shall be made structurally part of the principal structure and shall comply in all respects with the requirements of this Ordinance applicable to the principal structure.
3. An accessory building unless attached to and made a part of the principal structure shall not be closer than ten (10) feet to the principal structure, unless a smaller separation is granted under a conditional use permit.
4. Accessory buildings or structures shall not be constructed on any lot prior to the construction of a

principal building.

5. Accessory buildings shall not be constructed in the front yard. Accessory structures are allowed in the side and/or rear yard providing setbacks are achieved.

6. Private garages and accessory structures larger than one-hundred twenty (120) square feet shall be placed on a permanent foundation which shall be defined as a floating slab with a rodent inhibiting barrier extending to a depth of at least one (1) foot below the average grade. A storage or **utility structure of one-hundred twenty (120) square feet or less shall be placed on a leveled four (4) inch gravel or rock base with a rodent inhibiting barrier provided between the base and the structure. Any accessory structure shall be firmly anchored to the surface regardless of structure size.**

7. Architectural Detail Requirements: Accessory structures shall have architectural details which are the same or reasonably similar to the principal structure based on, but not limited to, the following:

- a. Roof orientation and pitch;
- b. Roof type (e.g. gabled or hipped);
- c. Eave, overhang depth, and fascia/soffit type and appearance;
- d. Exterior color.

8. Size Limit: Accessory structures shall be clearly and reasonably subordinate to the principal structure in terms of both scale and bulk. Total accessory structure square footage, excluding attached garages, shall not exceed ten (10) percent of the lot area or six hundred (600) square feet, whichever is greater. The City Council may approve a conditional use permit to accommodate larger accessory structures, however, at no time shall an accessory structure exceed the foundation size nor total square footage of the residential dwelling or commercial structure to which it is subordinate.

9. Number of Accessory Structures Limited: For all districts a maximum of two (2) detached accessory building less than or equal to one-hundred twenty (120) square feet are allowed per lot. In addition, a maximum of one (1) detached accessory structure greater than one-hundred twenty (120) square feet is allowed per lot.

10. Accessory structures shall not encroach upon easements.

# Memo

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From: Adrianna Hennen, Clerk-Treasurer

To: Freeport City Council

Date: 11/22/17

Re: Fee Schedule

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Attached is Freeport's Fee Schedule. The items that are shaded and boxed are items that the council has changed via motions. Now is the time to review any other items that council thinks should be updated. Once council is comfortable with the updated fee schedule, I will post the proposed fee schedule before the December council meeting and then the council will approve the entire fee schedule.

**ORDINANCE NO. 2017-02**

ORDINANCE FIXING THE LICENSE, CONSUMPTION AND PERMIT FEES UNDER THE FREEPORT CITY CODE OF 1995 (APPENDIX I)

BE IT ORDAINED BY THE CITY COUNCIL OF FREEPORT, MINNESOTA:

Section 1. The Freeport City Code of 1995 authorizes the City Council to fix the fees and charges imposed by the Code for various city services. The fees and charges imposed may be amended from time to time by the council and is to be entitled Appendix I.

Section 2. The license, consumption and permit fees, as well as other related charges, are hereby amended, as follows:

Code / Section	Subject	Fees/Charges
500	Zoning Permits	\$ 25.00
	Building Permits	Attached Building Code Fee Schedule
	Rezoning Requests	\$ 250.00
	Conditional Use or Variance Requests	\$ 150.00
605.07	Noxious Weed Removal (minimum)	\$ 95.00
	Equipment Use Fees:	
	Tractor, Mower and Labor (hourly)	\$ 90.00
	Lawn Tractor, Lawn Mower and Labor (hourly)	\$ 60.00
705.06	Private Drain Discharge Violation Surcharge (per month)	\$ 75.00
710.03	Wastewater Usage Charge (per 1,000 gallons)	\$ 2.23
	Wastewater Service Charge (per month):	
	Single Family Dwelling	\$ 26.86
	Multiple Family Dwelling, \$4.00 (per unit) plus	\$ 54.32
	Residential Sewer with no water meter	\$ 38.33
	Business / Commercial Establishment	\$ 30.89
	Manor Apartments	\$ 155.56
	Large Commercial (i.e. service station, church, creamery)	\$ 32.92
	Liquor Stores, On/off Sale	\$ 37.75
	Restaurants	\$ 73.16
	Convenience Store / Car Wash	\$ 38.49
	Schools	\$ 52.60
	Commercial with no water meter	\$ 35.18
	Wastewater Main Stub-out Charge (per parcel)	\$ 3,800.00
Wastewater Hook-up Charge (per parcel)	\$ 1,200.00	
Wastewater Bulk Dumping Fee	\$ 25.00	
715.01	Water Usage Charge (per 1,000 gallons)	\$ 2.95
	Water Service Charge (per month)	\$ 7.00
	Water Tower Debt Service Fee (per unit)	\$ 2.89
	Water Tower Debt Service Fee (per 1,000 gallons)	\$ 2.22
	Water Tower Maintenance Fee (per 1,000 gallons)	\$ 2.95
	Water Main Stub-out Charge (per parcel)	\$ 3,800.00
	Water Hook-up Charge (per parcel)	\$ 1,200.00
	Hydrant Water Sales (per 1,000 gallons)	\$ 10.00
	Water Reconnection Fee	\$ 50.00
	Water Disconnection Fee	\$ 50.00
	Water Testing Fee	\$ 0.45
	Water Meter Change	actual cost of meter
	Water / Sewer Account Update	\$ 15.00
	Water Account / Meter Investigation	\$ 20.00
710.03	Utility Late Payment Service Charge	\$ 15.00
715.03	Water Security Fee	\$ 0.75
715.03	Utility Labels (full or partial set)	\$ 35.00
910	Pets, Boarding (per day)	\$ 8.00
	Animal License Fee	\$ 5.00
	Animal Impound Fees:	
	1st time	\$ 50.00
	2nd time	\$ 75.00
	3rd time	\$ 100.00
Animal Disposal Fee	\$ 75.00	
1100.11	Park Rental Fee, Lion's Club Park (daily, includes shelter / gazebo area)	\$ 35.00
1200.07	Intoxicating Liquor & Beer:	
	On-Sale Liquor	\$ 2,345.00
	Off-Sale Liquor	\$ 100.00
	Special Sunday Sales	\$ 200.00
	Temporary On-Sale Liquor	\$ 25.00
	Temporary On-Sale 3.2 Beer	\$ 15.00
3.2 Annual On-Sale	\$ 200.00	
2010-007	Nuisance Response (minimum)	\$ 95.00
	Equipment Use Fees:	



	Tractor, Mower and Labor (hourly)	\$	90.00
	Lawn Tractor, Lawn Mower and Labor (hourly)	\$	60.00
2011-010	Fire & Rescue Responder Hours (per hour, per responder)	\$	20.00
	Fire & Rescue Responder Hours (per hour, per responder)-Non-Area Fire Service/Tax Paying Residents	\$	40.00
	Administrative Fee	\$	27.00
	Oxygen	\$	15.00
	Gloves	\$	5.00
	Bandages	\$	5.00
	Splints	\$	5.00
	Defibrillator	\$	25.00
	Suction	\$	15.00
	Blankets	\$	10.00
	Cold Compress	\$	2.00
	Air Bags	\$	25.00
	Jaws (Extraction)	\$	25.00
	Generator	\$	25.00
	Vehicle Fee (Pumper #1, Pumper #2, Water Truck, Brush Truck, Rescue Van (per vehicle responding)	\$	150.00
2012-003	Peddler's and Solicitors License		
	10 day permit within a 12 month period	\$	50.00
	30 day permit within a 12 month period	\$	100.00
	90 day permit within a 12 month period	\$	150.00
2012-003	Transient Merchants, Peddlers, and Solicitors Violation		
	Violation (daily)	\$	25.00
	City Hall Rental Fee	\$	35.00
	Charitable Gambling Transaction Fee	\$	25.00
	Small Cities Development Program Transaction Fee	\$	300.00
	Map Request	\$	10.00
	Map Creation	\$	50.00
	Administrative Staff Time (hourly)	\$	85.00
	Copying Charges (per page)	\$	0.25
	Special Assessment Search	\$	10.00
	Blanket Easement Vacation Fee		Per Actual Cost
	Mileage Reimbursement		Current IRS Rate
	Driveway Aprons and Curb and Gutter		Per Actual Cost
	Industrial Park Purchase and Business Subsidy Interest Security Deposit of \$5,000.00 and per actual cost (difference refunded or due)		
	Street Reconstruction, per the Manual of Assessment Standards and Policies Revised 1997 Annexation Request Fee Security Deposit of \$1,000 and per actual cost (difference refunded or due)		

Adopted by the Freeport City Council this 5th day of May, 2012

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Matthew Worms, Mayor

ATTEST:

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Victoria Holthaus, City Clerk