

Buyer
Current Address

Phone

Date

City of South St. Paul
Time of Sale Coordinator
125 3rd Avenue North
South St. Paul, MN 55075
Fax: (651) 554-3211

Re:

Closing Date:

I (We) am (are) the Buyer(s) of the property located at _____ in South St. Paul. I (We) hereby acknowledge there are items listed as "Hazardous" on the Time of Sale Report dated _____. A copy of that report has been attached.

I (We) hereby agree to complete all repairs necessary to remove the "Hazardous" designation from these items within 30 days from the date of the closing (as listed above).

I (We) am (are) aware of the risks of occupying the building on the property which has specific identified hazardous items or conditions noted in the attached report. If I (we) choose to occupy the building, I (we) hold the City harmless for any liabilities or claims that may arise out of occupying the building while the hazardous items or conditions exist.

I (We) am (are) aware that certain repairs may require a Building Permit from the City of South St. Paul. **A copy of this report will be available for all permit inspections.**

Upon completion of the repairs, I (we) further agree to schedule a final inspection with a Licensed Housing Evaluator for the City of South St. Paul. I (We) am (are) also aware that these are independent Evaluators and that there is a charge for their services.

Sincerely,

Name _____

Signature _____

South St Paul Approval: _____

Date: _____