



**Fire Certificate of Occupancy
Fee Invoice**

**** FINAL NOTICE ****

Check this box if making any name or mailing address corrections.

CITY OF SAINT PAUL
 Department of Safety and Inspections
 375 Jackson Street, Suite 220
 Saint Paul, MN 55101-1806
PHONE: (651) 266-9090
FAX: (651) 266-9124
 An Equal Opportunity Employer

Howard R Goserud
 3530 Cohansey Cir
 Shoreview MN 55126-3905

Bill Date: July 14, 2010
 Customer #: 788635
 Amount Due: \$254.00
 Due Date: July 29, 2010

**** You were sent a Fire Inspection Fee Invoice and payment has not been received. ****
Payment must be received in this office no later than July 29, 2010 or the fee invoice plus administrative costs will be submitted for assessment to your property tax.

Property Address:
858 ALBERT ST N

Ref. # 113842
Folder RSN: 1943097

Date	Type of Fee	Amount
June 11, 2010	CO Residential 3+ Units Initial Fee	\$254.00

PAY THIS AMOUNT: \$254.00

Mail to: Billing
375 Jackson St, Suite 220
Saint Paul Fire Inspection
Saint Paul, MN 55102-1806

Make Checks Payable to: City of St. Paul
**** Return this document with your payment ****

IF PAYING BY CREDIT CARD PLEASE COMPLETE THE FOLLOWING INFORMATION: Pay this Amount: \$254.00

Customer #: 788635 Ref. #: 113842 Folder RSN : 1943097

<input type="checkbox"/> American Express	<input type="checkbox"/> Discover	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	Expiration Date: Month / Year				
Enter Account Number								

Name of Cardholder

Signature of Cardholder (required for all charges)

Date