



**Fire Certificate of Occupancy
Fee Invoice**

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

SHEREEN KRAMER WOLTERS C/O HASER PROPERTIES, INC Bill Date: June 30, 2010
 1001 HYACINTH AVENUE EAST Customer #: 945557
 ST PAUL MN 55106-2037

Amount Due: \$170.00
 Due Date: July 31, 2010

**** Late fees will be charged if not paid by due date ****

Property Address:
112 LAWSON AVE W

Ref. # 103565
Folder RSN: 1392949

Date	Type of Fee	Amount
June 1, 2010	CO Residential 1 & 2 Units Initial Fee	\$170.00

PAY THIS AMOUNT: \$170.00

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

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

IF PAYING BY CREDIT CARD PLEASE COMPLETE THE FOLLOWING INFORMATION: Pay this Amount: \$170.00

Customer #: 945557 Ref. #: 103565 Folder RSN : 1392949

<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