



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) 266-8989
FAX: (651) 266-9124
An Equal Opportunity Employer

DENISE L WING
333 ODAY ST
MAPLEWOOD MN 55119-6725

Bill Date: March 6, 2014
Customer #: 1403938
Amount Due: \$200.00
Due Date: March 21, 2014

**** You were sent a Fire Inspection Fee Invoice and payment has not been received. ****
Payment must be received in this office no later than March 21, 2014 or the fee invoice plus administrative costs will be submitted for assessment to your property tax.

Property Address:
206 GOODRICH AVE

Ref. # 120910
Folder RSN: 3667236

| Date | Type of Fee | Amount |
|-------------------|--|----------|
| November 15, 2013 | CO Residential 1 & 2 Units Initial Fee | \$200.00 |

PAY THIS AMOUNT: \$200.00



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 ****

Signature of Cardholder (required for all charges): _____

IF PAYING BY CREDIT CARD PLEASE COMPLETE THE FOLLOWING INFORMATION: Pay this Amount: \$200.00

Customer #: 1403938 Ref. #: 120910 Folder RSN : 3667236

| | | | | | | | | | |
|-----------------------------------|-------------------------------------|---|---|----------------------------------|--|--|--|--|--|
| <input type="checkbox"/> Amex | <input type="checkbox"/> MasterCard |  |  | Expiration Date: Month / Year | | | | | |
| <input type="checkbox"/> Discover | <input type="checkbox"/> Visa | 4 Digit Verification Number | 3 Digit Verification Number | | | | | | |
| Enter Account Number | | Security Code: | | | | | | | |