

HEARING NOTIFICATION LISTING SERVICE - 674 MAGNOLIA AVE E

Legislative Hearing: **Tuesday, September 24, 2024**

Publication Dates: **August 29 and September 2, 2024**

City Council Hearing: **Wednesday, November 6, 2024**

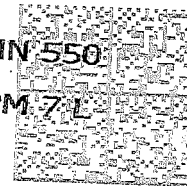
Owners, Interested Parties, etc.	US Mail	CERTIFIED MAIL		PERSONAL SERVICE		Resolution Mail Date	ENS Posting Date	OTA Mail Date
		Sent	Received	Sent	Received			
Rayalen M Hassan 1368 High Site Dr Unit 221 St Paul MN 55121-2048		8/23/24	Returned 9/9/24					7/22/24
Guidance Residential LLC 11107 Sunset Hill Rd Reston VA 20190		8/23/24	no response					7/22/24
Loancare LLC 3637 Sentara Way Virginia Beach VA 23452-4262		8/23/24	8/29/24					7/22/24
Guardian Asset Management 2300 E Lincoln Hwy Suite 700 Longhorne PA 19047		8/23/24	8/28/24					7/22/24
Payne Phalen District 5 Planning Council							8/23/24	

375 Jackson Street, Suite 220
Saint Paul, MN 55101-1806



CITY OF SAINT PAUL
DEPARTMENT OF SAFETY AND INSPECTIONS

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City of Saint Paul - DSI

Rayalen M Hassan
1368 High Site Dr Unit 221
St Paul MN 55121-2048

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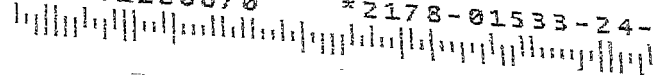



SAINT PAUL MN 55101
CITY OF SAINT PAUL

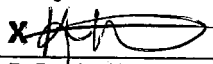

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HASSAN RETURN TO SENDER

MOVED LEFT NO ADDRESS
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature</p> <p>x RECEIVED <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>																	
	<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p>																
<p>1. Article Addressed to:</p> <p>LoanCare LLC 3637 Sentara Way Virginia Beach VA 23452-4262</p>  <p>9590 9402 7590 2098 0683 70</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>MAILROOM - J. SHIREY VIRGINIA BEACH</p>																	
<p>2. Article Number (Transfer from service label)</p> <p>7014 2870 0002 0480 1</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table> <p><i>674 Magnolia</i></p>		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
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<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>																

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