



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

ABBY THEOBALD DAVID THEOBALD
 1091 LAWSON AVE E
 ST PAUL MN 55106-3329

Bill Date: November 21, 2014
 Customer #: 1415871
 Amount Due: \$300.00
 Due Date: December 6, 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 December 6, 2014 or the fee invoice plus administrative costs will be submitted for assessment to your property tax.

Property Address:
 973 JESSAMINE AVE E

Ref. # 106338
Folder RSN: 3302180

Date	Type of Fee	Amount
August 22, 2014	CO Residential 1 & 2 Units Initial Fee	\$200.00
October 20, 2014	CO Residential 1&2 Unit Reinspection Fee	\$100.00

PAY THIS AMOUNT: \$300.00

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: \$300.00

Customer #: 1415871

Ref. #: 106338

Folder RSN : 3302180

<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:							