



**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

HOWARD R GOSERUD  
 3530 COHANSEY CIR  
 SHOREVIEW MN 55126-3905

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

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

**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  
 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: \$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