



**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

JOHN MANN BARBARA MANN  
 4525 WHITE BEAR PKWY  
 WHITE BEAR LAKE MN 55110

Bill Date: September 22, 2014  
 Customer #: 1061975  
 Amount Due: \$170.00  
 Due Date: October 7, 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 October 7, 2014 or the fee invoice plus administrative costs will be submitted for assessment to your property tax.**

**Property Address:**  
**786 FRANK ST**

**Ref. # 101693**  
**Folder RSN: 1717918**

Date	Type of Fee	Amount
July 18, 2014	CO Residential 1 & 2 Units Initial Fee	\$170.00

**PAY THIS AMOUNT: \$170.00**



**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: \$170.00**

**Customer #: 1061975      Ref. #: 101693      Folder RSN : 1717918**

<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:							