



**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

ANN BURTON  
 E1340 -- 1205TH AVE  
 DOWNING WI 54734-9499

Bill Date: December 22, 2014  
 Customer #: 1334113  
 Amount Due: \$340.00  
 Due Date: January 6, 2015

**\*\* You were sent a Fire Inspection Fee Invoice and payment has not been received. \*\***  
**Payment must be received in this office no later than January 6, 2015 or the fee invoice plus administrative costs will be submitted for assessment to your property tax.**

**Property Address:**  
**674 THOMAS AVE**

**Ref. # 117804**  
**Folder RSN: 3337980**

Date	Type of Fee	Amount
August 4, 2014	CO Residential 1 & 2 Units Initial Fee	\$170.00
October 7, 2014	CO Residential 1&2 Unit Reinspection Fee	\$85.00
November 18, 2014	CO Residential 1&2 Unit Reinspection Fee	\$85.00

**PAY THIS AMOUNT: \$340.00**



**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: \$340.00**

Customer #: 1334113      Ref. #: 117804      Folder RSN : 3337980

<input type="checkbox"/> Amex	<input type="checkbox"/> MasterCard			Expiration Date: Month / Year					
<input type="checkbox"/> Discover	<input type="checkbox"/> Visa	Security Code:							
Enter Account Number									