



**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) 266-8989
FAX: (651) 266-9124
 An Equal Opportunity Employer

RODGER A BRADFORD
 2608 EDWARDS AVE
 EL CERRITO CA 94530-1425

Bill Date: February 11, 2014
 Customer #: 1399527

Amount Due: \$170.00
 Due Date: March 11, 2014

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

Property Address:
919 TUSCARORA AVE

Ref. # 115292
Folder RSN: 3322763

Date	Type of Fee	Amount
September 9, 2013	CO Residential 1 & 2 Units Initial Fee	\$170.00

PAY THIS AMOUNT: \$170.00



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 ****

Signature of Cardholder (required for all charges): _____

IF PAYING BY CREDIT CARD PLEASE COMPLETE THE FOLLOWING INFORMATION: Pay this Amount: \$170.00

Customer #: 1399527 Ref. #: 115292 Folder RSN : 3322763

<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								



Fire Certificate of Occupancy Fee Invoice

**** FINAL NOTICE ****

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Department of Safety and Inspections
375 Jackson Street, Suite 220
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PHONE: (651) 266-8989
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Rodger A Bradford
2608 EDWARDS AVE
EL CERRITO CA 94530-1425

Bill Date: March 13, 2014
Customer #: 1399527
Amount Due: \$170.00
Due Date: March 28, 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 March 28, 2014 or the fee invoice plus administrative costs will be submitted for assessment to your property tax.

Property Address:
919 TUSCARORA AVE

Ref. # 115292
Folder RSN: 3322763

Date	Type of Fee	Amount
September 9, 2013	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 #: 1399527

Ref. #: 115292

Folder RSN : 3322763

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