



**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

MAISHA I GILES
 1456 FREMONT AVE
 SAINT PAUL MN 55106-5419

Bill Date: January 4, 2013
 Customer #: 1365063

Amount Due: \$200.00
 Due Date: February 4, 2013

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

Property Address:
1547 ARKWRIGHT ST

Ref. # 114014
Folder RSN: 1759473

| Date | Type of Fee | Amount |
|------------------|--|----------|
| November 9, 2012 | CO Residential 1 & 2 Units Initial Fee | \$200.00 |

PAY THIS AMOUNT: \$200.00

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: \$200.00

Customer #: 1365063 Ref. #: 114014 Folder RSN : 1759473

| | | | | | | | | |
|---|-----------------------------------|-------------------------------------|-------------------------------|----------------------------------|--|--|--|--|
| <input type="checkbox"/> American Express | <input type="checkbox"/> Discover | <input type="checkbox"/> MasterCard | <input type="checkbox"/> Visa | Expiration Date: Month / Year | | | | |
| Enter Account Number | | | | | | | | |