



**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

JEFF NEISON
 449 SPRING HILL ROAD
 VADNAIS HEIGHTS MN 55127

Bill Date: July 19, 2010
 Customer #: 1216679
 Amount Due: \$512.00
 Due Date: August 3, 2010

**** You were sent a Fire Inspection Fee Invoice and payment has not been received. ****
Payment must be received in this office no later than August 3, 2010 or the fee invoice plus administrative costs will be submitted for assessment to your property tax.

Property Address:
1123 GALTIER ST

Ref. # 109019
Folder RSN: 1603066

Date	Type of Fee	Amount
June 26, 2009	CO Residential 3+ Units Initial Fee	\$128.00
August 10, 2009	CO Residential 3+ Units Reinspection Fee	\$64.00
August 24, 2009	CO Residential 3+ Units Reinspection Fee	\$64.00
September 11, 2009	CO Residential 3+ Units Reinspection Fee	\$64.00
September 24, 2009	CO Residential 3+ Units Reinspection Fee	\$64.00
March 19, 2010	CO Residential 3+ Units Reinspection Fee	\$64.00
June 17, 2010	CO Residential 3+ Units Reinspection Fee	\$64.00

PAY THIS AMOUNT: \$512.00

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: \$512.00

Customer #: 1216679 Ref. #: 109019 Folder RSN : 1603066

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