



# 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) 266-9090**  
**FAX: (651) 266-9124**  
An Equal Opportunity Employer

JANE CUNNINGHAM  
110 ST. ALBANS ST N APT #5  
SAINT PAUL MN 55104

Bill Date: June 10, 2010  
Customer #: 770751

Amount Due: \$128.00  
Due Date: July 10, 2010

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

**Property Address:**  
**110 ST ALBANS ST N**

**Ref. # 12894**  
**Folder RSN: 1022111**

| Date          | Type of Fee                          | Amount   |
|---------------|--------------------------------------|----------|
| July 24, 2008 | Certificate of Occupancy Initial Fee | \$128.00 |

**PAY THIS AMOUNT: \$128.00**

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 \*\***

**IF PAYING BY CREDIT CARD PLEASE COMPLETE THE FOLLOWING INFORMATION: Pay this Amount: \$128.00**

**Customer #: 770751**

**Ref. #: 12894**

**Folder RSN : 1022111**

☐ American Express ☐ Discover ☐ MasterCard ☐ Visa

Expiration Date:  
Month / Year

Enter Account  
Number

Name of Cardholder

Signature of Cardholder(**required for all charges**)

Date