



# Fire Certificate of Occupancy

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

ANNA C ALVAREZ  
9816 FM 751  
QUINLAN TX 75474- 9260

Bill Date: December 12, 2014  
Customer #: 1423875  
Amount Due: \$220.00  
Due Date: January 12, 2015

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

**Property Address:**  
1605 LAFOND AVE

**Ref.# 121726**  
**Folder RSN: 3977837**

Date	Type of Fee	Amount
June 3, 2014	Provisional CO Fee 2014	\$50.00
November 4, 2014	CO Residential 1 & 2 Units Initial Fee	\$170.00

**PAY THIS AMOUNT: \$220.00**

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 \*\***


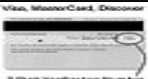
Signature of Cardholder (required for all charges): \_\_\_\_\_

IF PAYING BY CREDIT CARD PLEASE COMPLETE THE FOLLOWING INFORMATION: Pay this Amount: \$220.00

Customer #: 1423875

Ref. #: 121726

Folder RSN : 3977837

<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									