



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 **

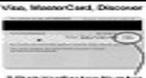
Signature of Cardholder (required for all charges): _____

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									