



**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

HOWARD R GOSERUD
 3530 COHANSEY CIR
 SHOREVIEW MN 55126-3905

Bill Date: June 14, 2010
 Customer #: 788635

Amount Due: \$254.00
 Due Date: July 14, 2010

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

Property Address:
858 ALBERT ST N

Ref. # 113842
Folder RSN: 1943097

Date	Type of Fee	Amount
June 11, 2010	CO Residential 3+ Units Initial Fee	\$254.00

PAY THIS AMOUNT: \$254.00

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: \$254.00

Customer #: 788635 Ref. #: 113842 Folder RSN : 1943097

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

Name of Cardholder

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

Date