



CITY OF SAINT PAUL

375 Jackson Street, Suite 220
St Paul, Minnesota 55101-1806

Telephone: 651-266-8989
Facsimile: 651-266-9124
Web: www.stpaul.gov/dsi

361

December 20, 2018

Danielle Sobaski
1124 Matilda St
St Paul MN 55117-4818

Dear Danielle Sobaski, and others, if listed:

On December 19, 2018, this department conducted an inspection of your property at **1124 MATILDA ST** and because **you have had three or more violations within a 12 month period**

Deficiency: "Remove junk, refuse and discarded furniture from property area."

YOU ARE BEING BILLED \$122.00 for the cost of this inspection. This is in accordance with Chapter 34.24 of the Saint Paul Legislative Code. Payment is due upon receipt of this letter. Make your check payable to the "City of Saint Paul" and mail your payment to:

Department of Safety and Inspections, Code Enforcement
Excessive Consumption Unit
375 Jackson Street, Suite 220
St. Paul, MN 55101-1806

If you do not pay within 30 days
the amount of this bill, plus administrative costs, will be assessed to your property taxes.

NOTICE

Your property is next scheduled for a REINSPECTION on

December 24, 2018

WARNING

IF YOU HAVE AN ADDITIONAL VIOLATION WITHIN 12 MONTHS YOU WILL BE BILLED AN ADDITIONAL \$120.00. CALL THE INSPECTOR IF YOU HAVE ANY QUESTIONS: Matt Dornfeld, at 651-266-1902

Matt Dornfeld
Code Enforcement Inspector

City of Saint Paul, Department of Department of Safety and Inspections

December 20, 2018

EXCESSIVE CONSUMPTION

Invoice #: 1414339

File #: 18-018458

Property Address: 1124 MATILDA ST

Property PIN: 252923120100

Owner Name: Danielle Sobaski

Fee Description

Amount

Excessive Consumption (Multiple Visits)

\$ 122.00

Payment is due upon receipt of this letter. **Failure to pay within 30 days will result in this amount being assessed to your property taxes.**

Make your check payable to the City of Saint Paul.

Send payment to:

Department of Safety and Inspections
Excessive Consumption Unit
375 Jackson Street, Suite 220
St. Paul, MN 55101-1806

Keep this portion for your records:

Date Paid: _____ Amount Paid: _____ Check or Money Order #: _____

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RETURN this portion with your payment.

City of Saint Paul, Department of Department of Safety and Inspections, Code Enforcement Division

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