



Fire Certificate of Occupancy Fee Invoice

**** FINAL NOTICE ****

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

Cullen LLC
PO BOX 16725
MINNEAPOLIS MN 55416

Bill Date: July 7, 2011
Customer #: 1267270
Amount Due: \$765.00
Due Date: July 22, 2011

**** You were sent a Fire Inspection Fee Invoice and payment has not been received. ****
Payment must be received in this office no later than July 22, 2011 or the fee invoice plus administrative costs will be submitted for assessment to your property tax.

Property Address:
359 CLEVELAND AVE N

Ref. # 101516
Folder RSN: 1390900

Date	Type of Fee	Amount
June 30, 2010	CO Residential 1 & 2 Units Initial Fee	\$170.00
September 29, 2010	CO Residential 1&2 Unit Reinspection Fee	\$85.00
October 26, 2010	CO Residential 1&2 Unit Reinspection Fee	\$85.00
November 29, 2010	CO Residential 1&2 Unit Reinspection Fee	\$85.00
January 5, 2011	CO Residential 1&2 Unit Reinspection Fee	\$85.00
February 4, 2011	CO Residential 1&2 Unit Reinspection Fee	\$85.00
March 2, 2011	CO Residential 1&2 Unit Reinspection Fee	\$85.00
June 6, 2011	CO Residential 1&2 Unit Reinspection Fee	\$85.00

PAY THIS AMOUNT: \$765.00

Mail to: Billing
375 Jackson St, Suite 220
Saint Paul Fire Inspection
Saint Paul, MN 55102-1806

Make Checks Payable to: City of St. Paul
**** Return this document with your payment ****

Signature of Cardholder (required for all charges): _____

IF PAYING BY CREDIT CARD PLEASE COMPLETE THE FOLLOWING INFORMATION: Pay this Amount: \$765.00

Customer #: 1267270 Ref. #: 101516 Folder RSN : 1390900

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