



**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) 266-8989**  
**FAX: (651) 266-9124**  
 An Equal Opportunity Employer

METROPOLITAN STATE UNIVERSITY  
 700 SEVENTH STREET EAST  
 SAINT PAUL MN 55106

Bill Date: May 2, 2014  
 Customer #: 676980

Amount Due: \$180.00  
 Due Date: June 2, 2014

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

**Property Address:**  
**645 7TH ST E**

**Ref. # 10851**  
**Folder RSN: 3143276**

Date	Type of Fee	Amount
April 2, 2014	CO Commercial Initial Fee	\$180.00

**PAY THIS AMOUNT: \$180.00**

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: \$180.00

Customer #: 676980 Ref. #: 10851 Folder RSN : 3143276

<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								