



# 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

MARY LOU COLLINS  
302 COMO AVE #1  
ST PAUL MN 55103-1802

Bill Date: March 6, 2013  
Customer #: 1305984  
Amount Due: \$340.00  
Due Date: March 21, 2013

**\*\* You were sent a Fire Inspection Fee Invoice and payment has not been received. \*\***  
Payment must be received in this office no later than March 21, 2013 or the fee invoice plus administrative costs will be submitted for assessment to your property tax.

**Property Address:**  
965 SELBY AVE

**Ref. # 116619**  
**Folder RSN: 3148145**

Date	Type of Fee	Amount
October 30, 2012	CO Residential 1 & 2 Units Initial Fee	\$170.00
December 31, 2012	CO Residential 1&2 Unit Reinspection Fee	\$85.00
January 31, 2013	CO Residential 1&2 Unit Reinspection Fee	\$85.00

**PAY THIS AMOUNT: \$340.00**

**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: \$340.00**

Customer #: 1305984      Ref. #: 116619      Folder RSN : 3148145

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