



**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

TRACER MANAGEMENT INC
 7101 GIRARD AVE N
 BROOKLYN CENTER MN 55430

Bill Date: April 13, 2011
 Customer #: 1194214
 Amount Due: \$681.00
 Due Date: April 28, 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 April 28, 2011 or the fee invoice plus administrative costs will be submitted for assessment to your property tax.

Property Address:
441 WHEELER ST N

Ref. # 11970
Folder RSN: 1383815

Date	Type of Fee	Amount
May 14, 2010	CO Residential 3+ Units Initial Fee	\$227.00
September 1, 2010	CO Residential 3+ Units Reinspection Fee	\$113.50
November 29, 2010	CO Residential 3+ Units Reinspection Fee	\$113.50
February 2, 2011	CO Residential 3+ Units Reinspection Fee	\$113.50
March 11, 2011	CO Residential 3+ Units Reinspection Fee	\$113.50

PAY THIS AMOUNT: \$681.00

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: \$681.00

Customer #: 1194214 Ref. #: 11970 Folder RSN : 1383815

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