



**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) 266-9090**  
**FAX: (651) 266-9124**  
 An Equal Opportunity Employer

JANE CUNNINGHAM  
 110 ST. ALBANS ST N APT #5  
 SAINT PAUL MN 55104

Bill Date: June 10, 2010  
 Customer #: 770751

Amount Due: \$128.00  
 Due Date: July 10, 2010

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

**Property Address:**  
 110 ST ALBANS ST N

**Ref. # 12894**  
**Folder RSN: 1022111**

Date	Type of Fee	Amount
July 24, 2008	Certificate of Occupancy Initial Fee	\$128.00

**PAY THIS AMOUNT: \$128.00**

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 \*\***

**IF PAYING BY CREDIT CARD PLEASE COMPLETE THE FOLLOWING INFORMATION: Pay this Amount: \$128.00**

**Customer #: 770751      Ref. #: 12894      Folder RSN : 1022111**

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

Name of Cardholder

Signature of Cardholder(**required for all charges**)

Date