



**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

DEISE CAPITAL LLC C/O AL CONARD
 103 WILDWOOD BEACH RD
 MAHTOMEDI MN 55115-1670

Bill Date: July 12, 2012
 Customer #: 1280636

Amount Due: \$128.00
 Due Date: August 12, 2012

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

Property Address:
1235 ALBEMARLE ST

Ref. # 109733
Folder RSN: 1474163

Date	Type of Fee	Amount
August 7, 2009	CO Residential 1 & 2 Units 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 ****

Signature of Cardholder (required for all charges): _____

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

Customer #: 1280636 Ref. #: 109733 Folder RSN : 1474163

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