

## 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

Scott D Kramer 241 George St W Saint Paul MN 55107-2759 Bill Date: November 12, 2014

Customer #: 1410124

Amount Due: \$170.00

Due Date: November 27, 2014

\* \* You were sent a Fire Inspection Fee Invoice and payment has not been received. \* \* Payment must be received in this office no later than November 27, 2014 or the fee invoice plus administrative costs will be submitted for assessment to your property tax.

Property Address: 234 ROBIE ST W

Ref. # 117664

Folder RSN: 3362841

Date
August 19, 2014

Type of Fee

CO Residential 1 & 2 Units Initial Fee

Amount

\$170.00

PAY THIS AMOUNT: \$170.00

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):  |                 |                           |          |      |                                |  |  |  |  |   |
|--|-----------------|---------------------------|----------|------|--------------------------------|--|--|--|--|---|
| F PAYING BY CREDIT CARD PLEASE COMPLETE THE FOLLOWING INFORMATION: Pay this Amount: \$170.00  Customer #: 1410124 Ref. #: 117664 Folder RSN: 3362841 |                 |                           |          |      |                                |  |  |  |  |   |
| ☐ Amex ☐ Discover  | MasterCard Visa | 4 Digit Verification Numb | <u> </u> | aber | Expiration Date:  Month / Year |  |  |  |  |   |
| Enter Account  |                 | 1                         |          | 1    |                                |  |  |  |  | l |