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

ABBY THEOBALD DAVID THEOBALD
1091 LAWSON AVE E
ST PAUL MN 55106-3329

Bill Date: November 21, 2014
Customer #: 1415871

Amount Due: $300.00
Due Date: December 6, 2014

*** * You were sent a Fire Inspection Fee Invoice and payment has not been receieved. * ***
Payment must be received in this office no later than December 6, 2014 or the fee invoice plus administrative costs will be submitted for assessment to your property tax.

Property Address:
973 JESSAMINE AVE E

Ref. # 106338
Folder RSN: 3302180

Date	Type of Fee	Amount
August 22, 2014	CO Residential 1 & 2 Units Initial Fee	$200.00
October 20, 2014	CO Residential 1&2 Unit Reinspection Fee	$100.00

PAY THIS AMOUNT: $300.00

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: $300.00

Customer #: 1415871 **Ref. #: 106338** **Folder RSN : 3302180**

☐ **Amex** ☐ **MasterCard**
☐ **Discover** ☐ **Visa**

Security Code:

Expiration Date: Month / Year

Enter Account Number