



**Fire Certificate of Occupancy
Fee Invoice**

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

Check this box if making any name or mailing address corrections.

ABBIE FINGER
 5305 26TH AVE S
 MINNEAPOLIS MN 55417- 1923

Bill Date: August 17, 2018
 Customer #: 1557637

Amount Due: \$242.00
 Due Date: September 17, 2018

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

Property Address:
 819 AURORA AVE

Ref.# 107978
Folder RSN: 4253992

Date	Type of Fee	Amount
July 16, 2018	CO Residential 1 & 2 Units Initial Fee	\$242.00

PAY THIS AMOUNT: \$242.00

Mail to: Billing
 Saint Paul Fire Inspection
 375 Jackson Street, Suite 220
 St. Paul, MN 55101- 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: \$242.00

Customer #: 1557637

Ref. #: 107978

Folder RSN : 4253992

<input type="checkbox"/> Amex	<input type="checkbox"/> MasterCard			Expiration Date: Month / Year				
<input type="checkbox"/> Discover	<input type="checkbox"/> Visa	Security Code						
Enter Account Number								