

HEARING NOTIFICATION LISTING SERVICE - 1213 WOODBRIDGE ST

Legislative Hearing: Tuesday, August 8, 2023

Publication Dates: July 13 and 17, 2023

City Council Hearing: Wednesday, September 13, 2023

Owners, Interested Parties, etc.	US Mail	CERTIFIED MAIL		PERSONAL SERVICE		Resolution Mail Date	ENS Posting Date	OTA Mail Date
		Sent	Received	Sent	Received			
Andrea Christine Roark 1213 Woodbridge St St Paul MN 55117-4443	7/7/23 <i>Return</i>							6/1/23
PennyMac Loan Services LLC 3043 Townsgate Road, Suite 200 Westlake Village CA 91361		7/7/23	7/11/23					6/1/23
MERS PO Box 2026 Flint MI 48501-2026	7/7/23							6/1/23
Wilford Geske & Cook PA 7616 Currell Blvd Suite 200 Woodbury MN 55125-2296		7/7/23	7/10/23					6/1/23
Secretary of Housing and Urban Dev 451 Seventh St SW Washington DC 20410		7/7/23						6/1/23
Restoration Professionals Inc 505 Minnehaha Ave W St Paul MN 55106		7/7/23	7/11/23					6/1/23
North End Neighborhood Organization							7/7/23	

375 Jackson Street, Suite 220
Saint Paul, MN 55101-1806



CITY OF SAINT PAUL
DEPARTMENT OF SAFETY AND INSPECTIONS

CLASSIFICATION
FIRST-CLASS MAIL
9000 0000
JUL 1 2023 ZIP 55101
43431224113

POSTAGE

*Heavenly
Steve M.*

Received

JUL 1 2023

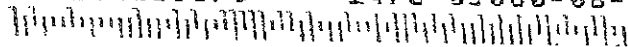
Andrea Christine Roark
1213 Woodbridge St

City of Saint Paul - DSI

NIXIE 553 DE 1 0007/13/23

RETURN TO SENDER
VACANT
UNABLE TO FORWARD

55101-1806 VAC BC: 55101180670 *1478-05060-08-01



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
	B. Received by (Printed Name) / C. Date of Delivery ADDRESS LOCK 7/11/23	
1. Article Addressed to: RennyMac Loan Services LLC 3043 Townsgate Road, Suite 200 Westlake Village CA 91361	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label) 7007 3020 0000 0177 5960	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Restricted Delivery	
PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) / C. Date of Delivery Michael Sauer	
1. Article Addressed to: Michael Sauer Wilford Geske & Cook PA 7616 Cornell Blvd Suite 200 Woodbury MN 55125-2296	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label) 7007 3020 0000 0177 5973	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Restricted Delivery	
PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) / C. Date of Delivery J. DAVIS	
1. Article Addressed to: Restoration Professionals Inc 505 Minnehaha Ave W St Paul MN 55106	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label) 7007 3020 0000 0177 5997	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Restricted Delivery	
PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt		