

Neighborhood STAR Program

CLOSING FEE INVOICE

Date: [Type in Date]

STAR Tracking #: 0

Neighborhood 285-51-200-73220-51-203-xxxx-
STAR Loan: 73220

Neighborhood 285-51-200-73220-51-202-xxxx-
STAR Grant: 73220

Amount Due: \$0.00

BILL TO

0
0
0

DESCRIPTION	STAR Loan Request	STAR Grant Request	Other	Total	Amount Due
Closing Fee (1% of Total STAR Award)	\$ -	\$ -		\$ -	\$ -
Application Fee (If applicable)				\$ -	\$ -
				\$ -	\$ -
Total Due					\$ -

Remarks / Instructions:

Please make check payable to City of Saint Paul
Please note on memo line that payment is for NSTAR Program Fee

MAIL PAYMENT TO

ATTN: Neighborhood STAR Program
City of Saint Paul, Planning and Economic Development Department
25 W. Fourth Street, Suite 1300
Saint Paul, MN 55102

THANK YOU

For questions concerning this invoice, please contact:
[PED PM, PHONE NUMBER]