

CITY OF RAPID CITY

FINANCE

INVOICE

32279

300 6TH STREET
RAPID CITY, SOUTH DAKOTA 57701
(605) 394-4143

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JULIA ROLPH
1020 HAINES AVE
RAPID CITY SD 57701

INVOICE DATE: 8/27/2010

DUE DATE: 9/13/2010

QUANTITY	DESCRIPTION	PRICE	PER	AMOUNT
	BILLING FOR ADMINISTRATIVE COSTS AND FEES DURING THE ABATEMENT OF YOUR PROPERTY LISTED BELOW 1020 HAINES AVE AN ADDITIONAL \$100 WILL BE ASSESSED TO INVOICES NOT PAID BY DUE DATE PLEASE RETURN YELLOW COPY OF THIS INVOICE WITH PAYMENT. THANK YOU!			\$182.00 100.00 <u>282.00</u>

OFFICE COPY



CITY OF RAPID CITY

RAPID CITY, SOUTH DAKOTA 57701

Code Enforcement

Mailing Address: 300 Sixth Street

Office Location: 333 Sixth Street

Telephone: 605-355-3465

email: codeenforcement@rcgov.org

Memorandum

DATE: August 19, 2010

TO: Finance Department

FROM: Rapid City Code Enforcement-TK

RE: Billing statement for mow/trim at 1020 Haines Ave.

ID# 25825

Owners: Julia Rolph

1020 Haines Ave.

Rapid City, SD 57701

Legal Description: Lots 26-27, Block 7, Millard Subdivision; PIN 20 36 201 010

Work Completed: Stated on bid sheet.

Vendor Fees

Cricket Lawn Service [Invoice # 1740; R0104292]	\$	140.00
3423 Code Enforcement Fees:		
3197 Site Inspection:	\$	42.00
Total:	\$	182.00



EQUAL OPPORTUNITY EMPLOYER



CRICKET LAWN SERVICE

PO BOX 9601
RAPID CITY, SD 57709
(605) 342-1371

Invoice

DATE**INVOICE #**

8/13/2010

1740

BILL TO:

City of Rapid City
Building Inspection Division
300 6th St
Rapid City, SD 57701

SHIP TO:**P.O. NUMBER****TERMS****PROJECT**

8/13/2010

QUANTITY	ITEM CODE	DESCRIPTION	PRICE EACH	AMOUNT
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City Request

Mow & Trim to City specifications 1020 Haines 8/11/10
R0104292

140.00

140.00

TOTAL

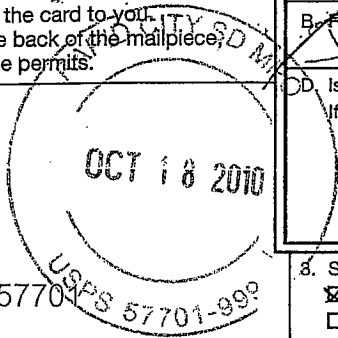
\$140.00

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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.

1. Article Addressed to:

Julia Rolph
1020 Haines
Rapid City SD 57701



COMPLETE THIS SECTION ON DELIVERY

A. Signature X *Julia Rolph* ☐ Agent ☐ Address
 B. Received by (Printed Name) Julia Rolph
 C. Date of Delivery
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
 (Transfer from service label) 7010 1060 0000 9515 2610

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only. No Insurance Coverage Provided)	
For delivery information, visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	
Sent To	Julia Rolph
Street, Apt. or PO Box No.	1020 Haines
City, State, and ZIP+4®	Rapid City SD 57701

Postmark Here

7010 1060 0000 9515 2610