



**PLEASE RETURN AS SOON AS POSSIBLE TO:**

**City Clerk  
City of Chesterfield  
690 Chesterfield Pkwy W  
Chesterfield, MO 63017  
Fax: 636-537-4798  
Email: trusteeupdates@chesterfield.mo.us**

### Trustee Information Form

Name of Subdivision \_\_\_\_\_  
Number of Homes or Units \_\_\_\_\_ Approximate Date of Annual Meeting \_\_\_\_\_  
Number of Trustees \_\_\_\_\_ Length of Term \_\_\_\_\_ Ward \_\_\_\_\_  
Date form completed \_\_\_\_\_

**Please indicate the president or one trustee who would be the contact person for your subdivision.  
This information is public information and can be given out at the City's discretion.**

### Current Trustees

Name \_\_\_\_\_ Title \_\_\_\_\_ Spouse \_\_\_\_\_

Address \_\_\_\_\_

Zip Code \_\_\_\_\_ Email address \_\_\_\_\_

Phone Number(s) Home \_\_\_\_\_ Work \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Spouse \_\_\_\_\_

Address \_\_\_\_\_

Zip Code \_\_\_\_\_ Email address \_\_\_\_\_

Phone Number(s) Home \_\_\_\_\_ Work \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Spouse \_\_\_\_\_

Address \_\_\_\_\_

Zip Code \_\_\_\_\_ Email address \_\_\_\_\_

Phone Number(s) Home \_\_\_\_\_ Work \_\_\_\_\_

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Address \_\_\_\_\_

Zip Code \_\_\_\_\_ Email address \_\_\_\_\_

Phone Number(s) Home \_\_\_\_\_ Work \_\_\_\_\_

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