



690 Chesterfield Parkway West, Chesterfield, MO 63017

**SEWER LATERAL TAX
REFUND APPLICATION**

Date _____

Tax Refund Year _____

Refund Information

Name _____

Address _____

Phone Number (Home) _____ (Work) _____

Locator Number _____

(This number is located on the top left corner of your real estate tax receipt.)

PLEASE NOTE: A copy of your paid Real Estate Tax receipt must accompany this refund application. If you do not have a receipt, a duplicate copy of your Real Estate Tax receipt can be obtained by sending a request to: Attention: Duplicate Receipt, Collector of Revenue, 41 South Central Avenue, St. Louis, MO 63105 or calling (314) 615-5500.

The refund application with a copy of your real estate tax receipt should be mailed to the **City of Chesterfield, 690 Chesterfield Parkway West, Chesterfield, MO 63017.**

For Office Use Only:

Amount Refunded \$ _____

Account No. 010-000-000-466100

Receipt attached: _____

Master List Checked: _____

Authorization: _____