



PLEASE RETURN AS SOON AS POSSIBLE TO:

**City Clerk
City of Chesterfield
690 Chesterfield Pkwy W
Chesterfield, MO 63017
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 _____

Current Trustees

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.

Name _____ Title _____

Address _____

Zip Code _____ Email address _____

Phone Number(s) Home _____ Cell _____

Name _____ Title _____

Address _____

Zip Code _____ Email address _____

Phone Number(s) Home _____ Cell _____

Name _____ Title _____

Address _____

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