



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 _____

Continued on Back

Name _____ Title _____ Spouse _____

Address _____

Zip Code _____ Email address _____

Phone Number(s) Home _____ Work _____

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Phone Number(s) Home _____ Work _____

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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 _____
