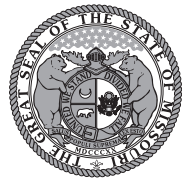




COLLECTOR OF REVENUE

CITY OF SAINT LOUIS, MISSOURI



Election Candidate Statement of Tax Clearance

Candidate Information

Name: _____ SSN: _____

Alias Names: _____ Phone #: _____

Address: _____ Businesses Owned: _____

Other Real Estate owned or partially owned in the City of St. Louis:

I, _____ declare and affirm that the above information I have provided is true and complete.

By checking this box, I accept the electronic signature below as a legal representation of my manual signature.

 Candidate Signature

 Date

To be filled out by the Collector of Revenue office:

Earnings

Approved ___/___/___ By: _____
 Rejected Date: ___/___/___ By: _____

Personal Property

Approved ___/___/___ By: _____
 Rejected Date: ___/___/___ By: _____

Real Estate

Approved ___/___/___ By: _____
 Rejected Date: ___/___/___ By: _____

Water and Refuse

Approved ___/___/___ By: _____
 Rejected Date: ___/___/___ By: _____

Notes: