



City of Arnold

Ron Counts, Mayor

THE CITY OF ARNOLD WILL BE ACCEPTING APPLICATIONS FOR THE UTILITY TAX REBATES DURING THE MONTH OF APRIL. TO QUALIFY FOR A REFUND YOU MUST BE A RESIDENT LIVING WITHIN THE CITY LIMITS OF ARNOLD, 62 YEARS OF AGE OR OLDER OR CERTIFIED AS TOTALLY DISABLED. YOUR TOTAL HOUSEHOLD INCOME MUST NOT EXCEED \$30,000 ANNUALLY. TO RECEIVE THE REFUND, THE FOLLOWING DOCUMENTS MUST BE PRESENTED. **(WITHOUT THE PROPER DOCUMENTS, THE CITY CAN NOT PROCESS THE APPLICATION AND THE CITY CANNOT MAKE COPIES FOR YOU):**

1. PROOF OF AGE-COPY OF DRIVER'S LICENSE, BIRTH CERTIFICATE, ETC.
2. PROOF OF TOTAL INCOME FOR THE YEAR-WAGES, PENSIONS, UNEMPLOYMENT, SOCIAL SECURITY CHECKS, PUBLIC ASSISTANCE OF ANY KIND, INTEREST, DIVIDENDS, (2016 TAX RETURNS PROVIDES THIS INFORMATION)
3. PAID GAS AND/OR ELECTRIC BILLS FOR SEPTEMBER 2016 THROUGH FEBRUARY 2017 (BILL WILL SHOW AMOUNT OF ARNOLD CITY TAX PAID, **ONLY THE ARNOLD CITY TAX WILL BE INCLUDED IN CALCULATING THE AMOUNT OF A REFUND**)
4. COPY OF PROOF OF OWNERSHIP-DEED, REAL ESTATE TAX RECEIPT, ETC. IF RENTING, COPY OF A RENT RECEIPT OR LEASE AGREEMENT.
5. FOR DISABILITY REFUND – RECENT LETTER OF DISABILITY AND COPY OF RECENT CHECK FROM SOCIAL SECURITY.

ONLY RESIDENTS WITHIN THE CITY LIMITS OF ARNOLD, WHO PAY AN ARNOLD TAX ON THEIR UTILITY BILLS ARE ELIGIBLE. APPLICATIONS MUST BE POST MARKED BY APRIL 31, 2017. APPLICATIONS ARE AVAILABLE ON THE CITY'S WEBSITE AT WWW.ARNOLDMO.ORG OR IN THE LOBBY AT CITY HALL, 2101 JEFFCO BLVD.

City Hall
2101 Jeffco Blvd.
Arnold, MO 63010
636/296-2100

Parks and Recreation
1695 Missouri State Rd.
Arnold, MO 63010
636/282-2380

Public Works
2900 Arnold Tenbrook Rd.
Arnold, MO 63010
636/282-2386



City of Arnold Refund of Utility Taxes Paid

Name _____

Address _____

Phone _____ Date of Birth _____

Names & ages of other persons residing at above address (YOU MUST ALSO
INCLUDE INCOME OF ANYONE LIVING AT THIS ADDRESS) _____

TOTAL INCOME CAN NOT EXCEED \$30,000.00 – **Percentage of refund
is based on total income of all occupants in the household.**

INCOME STATEMENTS:

Dividends	\$ _____
Interest Income	_____
Pension	_____
Public Assistance	_____
Social Security	_____
Unemployment	_____
Wages	_____
Other Misc	_____
GRAND TOTAL	_____

MONTH

Sept
Oct
Nov
Dec
Jan
Feb

TAXES PAID ON UTILITY BILLS:

GAS

ELECTRIC

\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

GRAND TOTAL -- GAS & ELECTRIC \$ _____

STATEMENT OF ASSURANCE

I do hereby state, under penalty of law, that the information furnished by me to obtain a refund of gross receipts, taxes paid, as authorized by the City of Arnold Code of Ordinances, is to the best of my knowledge and belief, true and correct, and that I am entitled to such refund.

Date _____ Signature of Applicant _____

Office Use Only:

Percentage of Refund: _____

Amount Due: _____