

BaratHaven Community Improvement District Request for Refund of Real Estate Taxes Paid

NOTE: Form only needed for former BaratHaven residents.

Claimant

Name: _____ Telephone Number: (_ _) _____ - _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

I am requesting a refund for tax year:

2012

2014

2015

2016

Documentation Required

Attach paid real estate property tax receipt showing your name as owner and payee of the real estate tax being requested for refund. One receipt for each tax year to be refunded is required.

Tax Parcel Identification Number: _____

Approved refunds are payable to the person "legally obligated to remit the tax," which is the owner of the real estate during the tax year in question.

Claimant

The undersigned hereby releases and waives all claims and liabilities, if any, under federal, state or local law, against the BaratHaven Community Improvement District, the BaratHaven Transportation Development District or their current or former directors, employees, agents, officers, subsidiaries and affiliated entities, and all of their predecessors and successors with respect to the real estate taxes paid in the years for which the undersigned is requesting a refund.

Under penalties of perjury, I declare that the information provided on this form and any attached supplement is true, complete, and correct.

Signature: _____ Date: _____

Mail to: BaratHaven CID Refunds
c/o Development Dynamics LLC
1001 Boardwalk Springs Place, Suite 50
O'Fallon, MO 63368

Phone: (636) 561-8602