



City of O'Fallon, Missouri
 100 North Main Street
 O'Fallon, MO 63366
 (636) 240-2000

**Application for Utility Tax Rebate
 (Senior Citizen and/or Disabled Resident)**

The 2009 application for utility tax rebates will be accepted at City Hall during business hours beginning April 1, 2010 and ending May 28, 2010. Applications received after this date will not be accepted. You must bring in proof of age, a completed income tax return for 2009 and a copy of your utility bills during the time period stated. If you are a disabled resident, then you must also bring an official document showing that you are determined to be totally disabled by the Social Security Administration.

Please Print

1. Name: _____
2. Address: _____
3. City, State, Zip: _____
4. Telephone # :() _____
5. Do you own or lease (circle one)? Own or Lease

Year	Gas	Electric	Telephone
2009 (January 1- December 31)	\$	\$	\$

Total Amount of Rebate Requested: \$ _____
(Note: Refund may take up to six weeks.)

I hereby apply for a refund of Gross Receipts Taxes collected by the utility companies from me. I have met the requirements of City Ordinances that prescribe the eligibility for the refund. I am a resident of O'Fallon, Missouri at the property from which I am applying for the refund and I do not owe any past due real or personal property taxes.

Please initial one below:

_____ I swear (or affirm) that I am sixty five (65) years of age, or older; as of December 31, 2009.

Or

_____ I swear (or affirm) that I am totally disabled as determined by the Social Security Administration.

Date: _____ Signature of Applicant: _____

For Office Use Only

- _____ Total Amount of Refund Verified (though copies of utility bills for prior year)
- _____ Date of Birth Verified
- _____ Filing Status Verified (Single, Married)
- _____ Proof of Income Verified (maximum 2009 gross income, less social security, of \$ 38,000 for single households and \$ 43,450 for married households)
- _____ Proof of Residency Verified
- _____ Proof of Disability Verified

Checked by: _____ **Approved by:** _____ **Date:** _____