



REDEMPTION REQUEST

Date: _____

About the Property – Please fill out the information about the property below.

Pin _____
(AKA Assessor Account Number)

Property Owner _____

Party Redeeming Property _____

Note: Redeemer must be the owner/occupant or a person/entity prescribed in Section 140.340 RSMo.

Property Address _____

Address Line 2 _____

City _____ State _____ Zip _____

Redeemer's Contact Information

Please enter the redeemer's contact information below.

Name _____ Phone #1 _____

Phone #2 _____ Email _____

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip _____

Anticipated Redemption Month and Year _____

Submit Request To:

Michelle D. McBride
Collector of Revenue
201 N. 2nd St., Suite 134
St. Charles, MO 63301

Phone: 636-949-7900 ext. 7470
or 800-822-4012 ext. 7470
Fax: 636-949-7471