

Instructions

Fill out via computer, print to apply signature.

Email completed certification along with required addendum to: PolysubFS@auditor.mo.gov or mail to:

Missouri State Auditor's Office

P.O. Box 869

Jefferson City, MO 65102

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City of Bellefontaine Neighbors			
Name of County, City, Town, or Village	M E -		
9641 Bellefontaine Road	Saint Louis	МО	63137
Mailing Address	City	State	Zip
314-867-0076	astewart@cityofbn.com		
Phone	Email Address	· ·	
Bellefontaine Neighbors			
Name of Municipal Court		***************************************	The state of the s
9641 Bellefontaine Road	Saint Louis	MO	63137
Mailing Address	City	State	Zip
317-867-0076	_astewart@cityofbn.com	2015-2016	
Phone	Email Address	Fiscal Year Certified	
I certify that the municipal court over which I preside has adopted the procedures required by section 479.360 RSMo and			
substantially complied with the procedures during the fiscal year ended 6/30/2016.			
John J. Duepner, Jr.			
Signature Name of Municipal Judge (Printed or Typed)			
Date (MM/DD/Year)			

NOTICE - Each city, town, or village with a municipal court and each county with a municipal court is required to file a municipal court certification pursuant to sections 479.360 and 479.362 and 15 CSR 40-3.180.