



ACT 48-2015 APPOINTMENT OF A DEPUTY TAX COLLECTOR FORM

Tax Collector should obtain signatures from the taxing district and return completed form to the Surety Company (keep a copy for your records.)

I, _____, Tax Collector for _____,	
County of _____ do hereby appoint as Deputy	
Tax Collector (printed/typed): _____.	
Deputy Tax Collector's Address: _____	

Deputy Tax Collector's Email: _____	Phone: _____
Deputy Tax Collector's Signature: _____	Date: _____
Tax Collector's Signature: _____	Date: _____
This is an appointment of a Deputy Tax Collector to collect and settle taxes during any Incapacitation of the Tax Collector (as defined in Local Tax Collection Law, Section 22 (B) [72 P.S. § 5511.22]).	

APPROVALS	
SIGNATURE & TITLE:	DATE:
MUNICIPALITY:	PHONE NUMBER:

SURETY COMPANY	
COMPANY APPROVAL*:	
DATE:	PHONE NUMBER:

Tax Collector should obtain signatures from each taxing district and return completed form to the Surety Company (keep a copy for your records.)
 Surety should acknowledge the appointment by returning the signed document to the Tax Collector.

*Company approval may be an electronic signature, stamp, etc.

****DO NOT RETURN TO DCED****