



## 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	
SIGNATURE & TITLE:	DATE:
ADDRESS:	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 signing and returning the signed document to the Tax Collector.

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