

REQUEST FOR BOARD ACTION / CONTRACT CONTROL FORM

Tracking Number: _____ 5

Date of Request: October 26, 2008

Date Request Received: October 27, 2008

Board Meeting Date Requested: November 3, 2008

Board Meeting Date Assigned: November 3, 2008

Short Title: Resolution To Appoint Sarah Pridgen As A Deputy Tax Collector.

- Request Status:**
- Request is proceeding to Board of Commissioners
 - More information is needed – see attached
 - Request on hold – no further information needed
 - Other:

(Administrative Use Only)

Background: The reclassification of Ms. Pridgen's position from Tax Clerk to Deputy Tax Collector authorizes her to sign and handle legal documents for the Tax Collections Office. This appointment is provided for under NCGS 105-349(f). The governing body of a county or municipality is authorized to appoint one or more deputy tax collectors and to establish their terms of office, compensation, and bonding requirements. A deputy tax collector shall have authority to perform, under the direction of the tax collector, any act that the tax collector may perform, unless the governing body appointing the deputy specifically limits the scope of the deputy's authority. I am requesting the term expire June 30, 2009. She will be reappointed July 1, 2009 for a term of 4 years. This will coincide with the term of the Tax Collector.

CONTRACT TYPE

- Renewal
- For Service(s)
- Intergovernmental – County as Grantee
 - Federal Grantor
 - State Grantor
 - Grantor
- County as Grantor
 - County Funds
 - Other Funds:
- Revision
- For Equipment

Specific Action Requested: To approve a resolution appointing Sarah Pridgen as Deputy Tax Collector through July 1, 2009.

PURCHASING Budgeted Item: Yes No
 Date Rec'd: Reviewed and Approved
 Comments on Reverse

Requested by: Barbara Murray
 Department: Tax Office
 Title: Tax Collector
 Contact Phone: 910-259-1222
 Contact Fax:

Date Sent: _____
 Signed: _____

ATTORNEY Reviewed and Approved
 Date Rec'd: Legal Problem(s)
 Comments on Reverse

Date Sent: _____
 Signed: _____

FINANCE Sufficient Funds Available
 Date Rec'd: Not Available
 Budget Amendment Necessary
 Budgeted Amendment is Attached
 Comments on Reverse

Date Sent: _____
 Signed: _____

CLERK Signature(s) Required:
 Board Chairman/County Manager
 Other:

Date Rec'd Approved by Board: Yes No
 At meeting on

