

Tioga TCC Voting Delegate Appointment Resolution

Wellsboro Area School District

Background. Act 32 § 505(b) requires the governing bodies of school districts, townships, boroughs, and cities that impose an earned income tax to appoint one voting delegate and one or more alternate delegates to be their Tax Collection Committee (TCC) representatives. The purpose of this resolution is to appoint the required delegates. The appointed individuals have consented to appointment.

RESOLVED, by the governing body of the Wellsboro Area School District that the following individuals are appointed as TCC delegates for the Wellsboro Area School District:

1. Primary voting delegate:
 - Name: Bonnie Thompson, Business Manager
 - Mailing Address: 227 Nichols Street
Wellsboro, PA 16901
 - Phone Number: (570) 724-0302
 - Email address: bthompson@wellsborosd.org

2. First alternate voting delegate:
 - Name: Dr. Brenda M. Freeman, Superintendent
 - Mailing Address: 227 Nichols Street
Wellsboro, PA 16901
 - Phone Number: (570) 724-0301
 - Email address: bfreeman@wellsborosd.org

3. Second alternate voting delegate:
 - Name: Kami Shanley, Administrative Assistant
 - Mailing Address: 227 Nichols Street
Wellsboro, PA 16901
 - Phone Number: (570) 724-0307
 - Email address: kshanley@wellsborosd.org

If the primary voting delegate cannot be present for a TCC meeting, the first alternate voting delegate shall be the representative at the TCC meeting. If both the primary voting delegate and the first alternate voting delegate cannot be present for a TCC meeting; the second alternate voting delegate shall be the representative at the TCC meeting.

These appointments are effective immediately and shall continue until successors are appointed. Delegates shall be appointed each year in December or January or as soon thereafter as possible. All delegates shall serve at the pleasure of this governing body and may be removed at any time.

Certification of adoption. The undersigned certifies that the above Resolution was adopted at a public meeting on this date.

Attachment X-1B

Date: _____

Secretary

(Township, Borough, School District)

(Secretary e-mail address)