GOVERNMENT OF THE UNITED STATES VIRGIN ISLANDS



Request for Designation of Collector or Assistant Collector

Department/Agency	G/L Dept/Loc.	Bureau/Division	Bureau/Division/Section	
Street & Mailing Address (line 1)	STT		STX	
Street & Mailing Address (Line 2) I hereby recommend that	Street & Mailing Address (line 3)			
	Name			
be named Collector / Assistant Collector for	Position Title the above named department/agency			
effective on	Collector Status:	Temporary		
Estimated amount of daily collections for thi	s Dept/Loc.			
Signature of Designee:	Collector/Designee	Date:		
Name of Agency Head:	Print		Title	
Signature of Agency Head:	Sign	Date:		
	For Use By Department of Finance			
Recommended for approval:	Director of Treasury	Date:		
Bond Coverage:				
Approved: Signature	e of Commissioner of Finance	Date:		
Disapproved for the following reasons:				