



STATE OF ALABAMA  
 Department of Finance  
 Office of the State Comptroller

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 Montgomery, Alabama 36130-2620  
 Telephone (334) 242-7050 Fax (334) 353-0442  
 www.comptroller.alabama.gov



**Tax Collector Surety Bond**

Executed in Triplicate

The State of Alabama,  
 \_\_\_\_\_ County

**Bond No:** \_\_\_\_\_

Let the following be known:

That we, \_\_\_\_\_, as Principal, and  
 \_\_\_\_\_, as Surety are held and firmly bound unto  
 the State of Alabama in the penal sum of (\$ \_\_\_\_\_)  
 \_\_\_\_\_ Dollars; for the payment of which, well and truly to be made and  
 done, we bind ourselves, our heirs, executors, administrators, and assigns, jointly and severally, firmly by these presents, and we hereby waive our  
 right to claim personal property exempt under the laws of Alabama.

SIGNED, SEALED, and DATED this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. WHEREAS the aforesaid Principal has been ELECTED Tax  
 Collector for a term of six years from \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.  
 Month Day Year

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, that if the aforesaid Principal shall faithfully perform and discharge all duties of  
 said office then this obligation shall be void, otherwise the same shall remain in full force and effect.

\_\_\_\_\_  
 Local Agent Name/License No

\_\_\_\_\_  
 Principal Signature

\_\_\_\_\_  
 Name of Local Agency

\_\_\_\_\_  
 Surety

\_\_\_\_\_  
 Street/City/State/Zip

By \_\_\_\_\_

\_\_\_\_\_  
 Phone Number

Title \_\_\_\_\_

Taken and approved this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
 \_\_\_\_\_

\_\_\_\_\_  
 State Comptroller

**OATH OF OFFICE**

THE STATE OF ALABAMA )  
 \_\_\_\_\_ County )

I, \_\_\_\_\_ do solemnly swear that I will support the Constitution of the United States  
 and the Constitution of the State of Alabama, so long as I continue a citizen thereof; and that I will faithfully and honestly discharge the duties of  
 the office upon which I am about to enter, to the best of my ability, so help me God.

**Certificate of Officer Administering Oath:**

Subscribed and sworn to be me  
 this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Notary Public

\_\_\_\_\_  
 Print Name