

CERTIFICATE OF APPOINTMENT
DEPUTY TOWN CLERK

You are hereby notified that on the _____ day of _____, 20__ the Town Clerk, acting under Minn. Stat. § 367.12 appointed _____, as Deputy Clerk of _____ Township, _____ County, Minnesota. The Deputy Clerk can, in the Clerk's absence or disability, perform the clerk's duties, under the continued supervision of the Clerk.

In order to accept the position, you must take the oath of office and file it in the Town Clerk's office within 10 days of receiving this Certificate. Failure to properly qualify for the office by taking and filing the oath of office within 10 days will be deemed a refusal to serve.

The Deputy Clerk serves at the pleasure of the Town Clerk. The Deputy's appointment ends when the Clerk leaves office or when the appointment is revoked by the Clerk, whichever occurs first.

Delivered to appointee this _____ day of _____, 20__.

By: _____

Name
Town Clerk