


Account#	Account Description	Fee Description	Qty	Local Share
A1255	Transfer Station Permit	Transfer Station Permit	2	2.00
			Sub-Total:	\$2.00
A2115	Planning & Zoning	Planning & Zoning	1	50.00
			Sub-Total:	\$50.00
A2544	Dog Licensing	Female, Spayed	2	8.00
		Male, Neutered	3	12.00
			Sub-Total:	\$20.00
A2555	Building Permit	Building Permit	5	250.00
			Sub-Total:	\$250.00
			Total Local Shares Remitted:	\$322.00
Amount paid to: NYS Ag. & Markets for spay/neuter program				5.00
Total State, County & Local Revenues:		\$327.00	Total Non-Local Revenues:	\$5.00

To the Supervisor:

Pursuant to Section 27, Sub 1, of the Town Law, I hereby certify that the foregoing is a full and true statement of all fees and monies received by me, Kimberly Tosi, Town Clerk, Town of Andes during the period stated above, in connection with my office, excepting only such fees and monies, the application of which are otherwise provided for by law.



 Town Clerk

 2/5/19
 Date

NYS Department of Agriculture and Markets
Spay and Neuter
P.O. Box 975
Albany, NY 12201-9975

Month of Submission: January

County: Delaware

TCV Code: 1201 - Delaware - Andes

Prepared By: Kimberly Tosi

Date Prepared: 2/1/2019

Animal Population Control Program Submission

Submit by the 5th of the month covering activities of the preceding month

LICENSE TYPES AND FEES COLLECTED	FEES	AMOUNT
Spayed and Neutered Dogs = 5	\$1.00	\$5.00
Unspayed and Unneutered Dogs = 0	\$3.00	\$0.00
TOTAL AMOUNT REMITTED		\$5.00
Check Number: 1183		

Monthly Report of Marriage Licenses Issued

SEE INSTRUCTIONS AT BOTTOM OF PAGE

Report for the month of	
January	2019
City or Town of	<u>Town of Andes</u>
County of	<u>Delaware</u>

DEP NO. _____

\$ _____

Check # _____

DO NOT WRITE IN ABOVE SPACE

Pursuant to the provisions of Section 15 of the Domestic Relations Law, as last amended by Chapter 62 of the Laws of 2003, I herewith transmit to the State Commissioner of Health a fee of twenty two dollars and fifty cents for each marriage license issued by me during the month covered by this report.

Licenses issued were numbered from **NONE** to **NONE** inclusive.

(If ONE license was issued place number in the first space only!) (If NO licenses were issued write "NONE" in the above space.)

Make remittance by CHECK or MONEY ORDER payable to the State Department of Health <p style="text-align: center;">DO NOT SEND CASH</p> Amount of remittance with this report \$ _____	Name of City or Town Clerk (Please Print) <p style="text-align: center;">Kimberly Tosi</p>	
	Signature of City or Town Clerk 	Date <p style="text-align: center;">02/01/2019</p>
	Mailing Address <p style="text-align: center;">PO Box 125 Andes, NY 13731</p>	

INSTRUCTIONS

THIS MONTHLY REPORT OF MARRIAGE LICENSES ISSUED MUST BE TRANSMITTED TO THE STATE DEPARTMENT OF HEALTH AT THE ABOVE ADDRESS FOR EACH MONTH regardless of whether or not any licenses were issued. If no licenses were issued, indicate NONE in the space provided for license numbers.

The issuance of a marriage license makes you responsible for the remittance fee of \$22.50, regardless of whether or not the marriage ceremony is ever performed.

Marriage licenses must be numbered and reported consecutively throughout the year starting with number 1 at the beginning of EACH calendar year.

Pursuant to the authority of Section 19 of the New York State Domestic Relations Law, the Commissioner of Health has directed that this report, together with any fee must be transmitted to the State Department of Health by the 15th of the month following the month which the report covers.

New York State Domestic Relations Law 22 provides that any Town or City Clerk who violates or fails to comply with any of the above mentioned reporting or filing requirements, shall be deemed guilty of a misdemeanor and shall pay a fine not exceeding the sum of one hundred dollars on conviction thereof.