

**TOWN CLERK MONTHLY REPORT  
TOWN OF ANDES**

**DECALS:**

<b>Total for Nov. 2007</b>	<b>\$1,156.00</b>	
<b>DECALS swipe</b>	<b>1,101.86</b>	
<b>To Supv.</b>	<b>54.14</b>	<b>Ck.#151</b>
<b>Balance</b>	<b>.00</b>	

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<b>Dog licenses</b>	<b>\$ 19.88</b>	
<b>Marriage licenses</b>	<b>.00</b>	
<b>Clerk fees { other }</b>	<b>70.00</b>	
<b>Other permits</b>	<b>.00</b>	
<b>Building permits &amp; renewals</b>	<b>1,164.00</b>	
<b>Other unclassified revenues</b>	<b>100.00</b>	<b>{ Planning Dept. }</b>
	<hr/>	
<b>Total to Supervisor</b>	<b>\$1,353.88</b>	

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<b>To Supv.</b>	<b>\$1,353.88</b>	<b>Ck.#219</b>
<b>To Co. Trea. { Dog licenses }</b>	<b>17.62</b>	<b>Ck.#220</b>
<b>To Ag &amp; Markets { Spay/neuter program }</b>	<b>.00</b>	<b>Ck.#</b>
<b>To State Health Dept. { Marriage licenses }</b>	<b>.00</b>	<b>Ck.#</b>
<b>TOTAL</b>	<hr/> <b>\$1,371.50</b>	

<b>Total in Town Clerk checking</b>	<b>\$1,371.50</b>	
<b>Total paid out for Nov. 2007</b>	<b>1,371.50</b>	
<b>Balance</b>	<hr/> <b>.00</b>	

**Janis L. Jacques  
Town Clerk**

**DATE: Dec. 4, 2007**

State of New York  
 Department of Agriculture and Markets  
 Dog Licensing Unit  
 10 B Airline Drive, Albany, NY 12235

## DOG LICENSING MONTHLY REPORT

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

WHITE: To county financial officer with check  
 YELLOW: To Department of Agriculture and Markets  
 PINK: Your file copy for audit

Month Reported <i>Nov.</i>		Year <i>2007</i>	
County <i>Delaware</i>		Co. Code <i>12</i>	
Town, City, Village <i>Andes</i>		T.C.V. Code <i>01</i>	
Prepared By <i>Janis Jacques</i>		Title <i>Town Clerk</i>	
Date Submitted:	Month <i>12</i>	Day <i>05</i>	Year <i>2007</i>

Check box if no licenses issued & submit as directed.

Check box if corrected report. Date original submitted \_\_\_\_\_

1. Original Dog Licenses issued this month:	_____
2. Original Purebred Licenses issued this month:	_____
3. Number of Renewals AND Transfer to New Owner Licenses AND Purebred License Renewals issued this month:	_____
4. <b>Total of Lines 1, 2 and 3:</b> (Total of Line 4 should equal Line 13A below)	_____

D I O V

LICENSE TYPES AND FEES COLLECTED	Column A No. of Each Type TOTAL Unspay/ Unneuter	Column B Statutory Base Fees	Column C Local Additional Fees	Column F Unspayed/Unneutered Six months of age or older
5. Spayed and Neutered Dogs	<i>15</i>	<del>NO FEE</del>	\$ ea. = \$	<b>NO FEE</b>
6. Unspayed & Unneutered Dogs	<del>0</del>	\$7.50 ea = \$	\$ ea. = \$	\$3.00 ea. = \$
7. Exempt – Seeing Eye, War, Police Work Dogs	<del>0</del>	<b>NO FEE</b>	<b>NO FEE</b>	<b>NO FEE</b>
8. Voided Tags	<del>0</del>	<b>NO FEE</b>	<b>NO FEE</b>	<b>NO FEE</b>
9. Purebred License (1-10 dogs)		\$25. ea. = \$	\$ ea. = \$	\$3.00 per dog = \$
10. Purebred License (11-25 dogs)		\$50. ea. = \$	\$ ea. = \$	\$3.00 PER DOG = \$
11. Purebred License (26+ dogs)		\$100. ea. = \$	\$ ea. = \$	\$3.00 per dog = \$
12. Voided Purebred Licenses	<del>0</del>	<b>NO FEE</b>	<b>NO FEE</b>	<b>NO FEE</b>
13. <b>TOTALS</b> (Line 13, Col. A should equal Line 4 above)		\$ <i>37.50</i>	\$ <del>0</del>	\$ <del>0</del>

REPLACEMENT AND PUREBRED TAG ORDERS PROCESSED	Column D No. of Each Type	Column E Tag Fees
14. Replacement Tags		
15. Purebred Tags		
16. <b>TOTALS</b>		

<b>DISBURSEMENTS</b>		
17. 53% of Line 13, Col. B \$ <i>19.88</i>	20. 47% of line 13, Col. B \$ <i>17.62</i>	23. 100% of Line 13, Col. F <del>0</del>
18. 100% of Line 13, Col. C \$ _____	21. 100% of Line 16, Col. E. \$ _____	(Send this amount to NYS Dept. of Ag. & Mkts.)
19. <b>TOTAL</b> \$ <i>19.88</i>	22. <b>TOTAL</b> \$ <i>17.62</i>	
(Send this amount to T.C.V. Financial Officer)	(Send this amount to County Financial Officer)	

# Monthly Report of Marriage Licenses Issued

SEE INSTRUCTIONS AT BOTTOM OF PAGE

Report for the month of

Nov. 2007

DEP. NO. \_\_\_\_\_

\$ \_\_\_\_\_

CHECK # \_\_\_\_\_

City or Town of Andes

County of Delaware

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 were numbered from \_\_\_\_\_ NONE to \_\_\_\_\_ inclusive.

(If ONE license was issued place number in first space only!)

(If NO licenses were issued write "NONE" in above space.)

Make remittance by CHECK or  
MONEY ORDER payable to the  
State Department of Health

Name of City or Town Clerk (Please print)

Janis L. Jacques

Signature of City or Town Clerk

[Signature]

Date

12/5/07

**DO NOT SEND CASH**

Amount of remittance with this report

\$ 0

Mailing Address

P.O. Box 125

Andes, N.Y.

E-mail address

X

Zip

13731

Phone

## 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 Section 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 a conviction thereof.

**Andes Building Dept.**

**I received the following checks from Building Inspector - Arthur Short - on Dec. 3, 2007:**

<b>Name</b>	<b>Date 2007</b>	<b>Check#</b>	<b>Amount</b>
Title Service Co.	10-31-07	32053	\$ 45.00
Cen. Cat. Ab.	11-09-07	5946	45.00
Cen. Cat. Ab.	11-19-07	5950	45.00
Ab. Info. Ser.	11-26-07	44344	45.00

\*\*\*\*\*sub total\*\*\*\*\$180.00\*\*\*\*\*

**PERMITS & RENEWALS:**

Dante		CASH	\$ 150.00
M. Dutcher	11-01-07	11920	151.00
M. Dutcher	11-02-07	11922	100.00
L. T. York	11-09-07	4399	100.00
Cedar Crest Bld.	11-09-07	6849	55.00
Bryant's Brook Landsc.	11-14-07	1161	188.00
J. Leslie	11-16-07	1033	90.00
B. Laureira	11-20-07	215	60.00
M. Zilberman	11-21-07	1035	45.00
Parsons Bld.	11-26-07	2062	45.00

\*\*\*\*\*sub total \$984.00\*\*\*\*\*

\*\*\*\*\*TOTAL DEPOSIT\*\*\*\*\*\$1,164.00\*\*\*

**Deposit: Dec. 3, 2007**

  
Andes Town Clerk

Dep.  
12-03-07  
J.L.T. ✓

Sept

Gladstone Hollow - pick up dog 36  
~~owner~~ owner came by as I had dog.

Comp @ Gladstone dog Back @ 5:30 AM 47  
when to many home to find cat where it  
was coming from -

Shaver Hollow Rd found a young dog 82  
@. they home when they came up/Debbie

Dog after hours - found a owner 69  
1 dog to Debbie -

Black Hill dog kennel.

46  

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280  
.39  

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109.20 ✓

phone & recorder service

20 -  

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129.20

Pet

Persch Lake - dog was in water last  
day to Vet in G.H. - not Vet in Delhi or May  
found owner - he got the dog. 86

Palmer Hill St. Propper called  
Camp. on dog in boxes - 34

Camp of dog Cross Rd / State Rd - 74  
x2 did talk to one of children

Jail Lane Rd 1 pitbull @ back door =  
nothing in area after I got there 77  
looked around - couldn't find it today  
when with me.

Phone & recorder seen

271 ✓

+39

105.69 ✓

20.00

125.69 ✓

20.00

145.69

twice ✓

Nov.

Andes Toux area - 39

Dingle Hill young dog - 32

Rt 28 Dog Horse - comp. 17

Woodland Hill Camp 1 dog left 22

behind - x3 someone feeding dogs 22

mud lake - could keep sheep/delta 22 72

Dog/Deer - Comp - S. Trooper <sup>Andes</sup> - area 49

Beech Hill Hunter found 2 dog in  
woods of Deelhi

89

364.

.39

141.96 ✓

**VOUCHER**

TOWN OF Andes ~~MIDDLETOWN~~

DEPARTMENT Dog Control Office

CLAIMANT'S  
NAME  
AND  
ADDRESS

VERNA DIETRICH  
327 Jones Hollow Rd  
Margaretville NY  
12455

DATE VOUCHER REC'D	_____
ACCT #	_____ \$ _____
ACCT #	_____ \$ _____
ACCT #	_____ \$ _____
ACCT #	_____ \$ _____
ACCT #	_____ \$ _____
VENDOR #	_____ TOTAL \$ _____
CHECK #	_____ DATE PAID _____

Detailed invoices may be attached and total entered on this voucher.  
Certification below must be signed.

TERMS \_\_\_\_\_

Date	Invoice Number	Quantity	Desc. of Materials or Services	Unit Price	Amount
<u>Sept</u>		<u>280</u>	<u>miles 280 x .39 = 109.20</u>		<u>109.20</u> ✓
<u>Oct</u>		<u>271</u>	<u>" 271 x .39 = 105.69</u>	<u>105.69</u>	<u>125.69</u> X
<u>11/1</u>		<u>364</u>	<u>" 364 x .39 = 141.96</u>	<u>105.</u>	<u>141.96</u> ✓
			<u>3 mo of phone &amp; recorder</u>		<u>60.00</u> ✓
					<u>436.85</u>
			<b>Total</b>		<u>436.85</u>

**CLAIMANT'S CERTIFICATION**

I, VERNA DIETRICH, certify that the above account in the amount of \$ 436.85, is true and correct; that the items, services and disbursements charged were rendered to or for the municipality on the dates stated; that no part has been paid or satisfied; that taxes, from which the municipality is exempt, are not included; and that the amount claimed is actually due.

DATE 12/2/07 SIGNATURE [Signature] TITLE D.C.O.

**DEPARTMENT APPROVAL**

The above services or materials furnished to the Town on the dates stated and the charges are correct.

DATE \_\_\_\_\_ AUTHORIZED OFFICIAL \_\_\_\_\_

**APPROVAL FOR PAYMENT**

This claim is approved and ordered paid from the accts indicated above.

DATE \_\_\_\_\_ AUDITING BOARD \_\_\_\_\_