

**TOWN CLERK MONTHLY REPORT  
TOWN OF ANDES**

**DECALS:**  
**Total for Oct. 2004** **\$1,300.00**  
**DECALS swipe** **1,262.02**  
**To Supv.** **37.98 Ck.#123**  
**Balance** **.00**

\*\*\*\*\*

**Dog licenses** **33.12**  
**Marriage licenses** **.00**  
**Clerk fees { other }** **.00**  
**Other permits** **.00**  
**Building permits & renewals { Cks. From FEB. 04 - Oct. 04 }** **4,605.18**  
**Other unclassified revenues** **.00**

**Total to Supervisor** **\$ 4,638.30**

\*\*\*\*\*

**To Supv.** **\$ 4,638.30, Ck.#699**  
**To Co. Trea. { Dog licenses }** **29.38 Ck.#697**  
**To Ag & Markets { Spay/neuter program }** **18.00 Ck.#698**  
**To State Health Dept. { Marriage licenses }** **.00 Ck.#**

**TOTAL** **\$ 4,685.68**

**Total in Town Clerk checking** **\$4,685.68**  
**Total paid out for Sept. 2004** **4,685.68**  
**Balance** **.00**

**Janis L. Jacques**  
**Town Clerk**



ORIGINAL

**DATE: Nov. 2, 2004**

State of New York  
 DEPARTMENT OF AGRICULTURE AND MARKETS  
 DOG LICENSING UNIT  
 I Winners Circle  
 Albany, New York 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 <u>October</u>	Year <u>2004</u>
County <u>Delaware</u>	Co. Code <u>12</u>
Town, City, Village <u>Delmar</u>	T.C.V. Code <u>01</u>
Prepared by <u>James L. Tarquin</u> Title <u>Treasurer</u>	
Date Submitted Month: <u>11</u> Day: <u>02</u> Year: <u>04</u>	
<input type="checkbox"/> Check box if no licenses issued and submit as directed. <input type="checkbox"/> Check box if corrected report. Date original submitted _____	

1. Original I.D. Dog License Numbers Used. List below numbers used during month reported (if additional space is required, please use back.) (Include void numbers.)

No.	QUANTITY USED	TOTALS
No. <input type="text"/> - <input type="text"/> to <input type="text"/> - <input type="text"/> (inc.) _____		Line 1 _____
No. <input type="text"/> - <input type="text"/> to <input type="text"/> - <input type="text"/> (inc.) _____		Line 2 _____

2. Original Purebred License Numbers Only Used: (Include void numbers.)

No. PB  to PB  (inc.) \_\_\_\_\_ Line 2 \_\_\_\_\_

3. Renewals and Transfer To New Owner License Numbers Used. List below numbers used for dog license and Purebred License renewals and transfer to new owners of dogs having Permanent I. D. Nos. (If additional space required, please use back.) (Include void numbers.)

No. R	QUANTITY USED	TOTALS
No. R <input type="text"/> - <input type="text"/> to <input type="text"/> - <input type="text"/> (inc.) _____		Line 3 _____
No. R <input type="text"/> - <input type="text"/> to <input type="text"/> - <input type="text"/> (inc.) _____		Line 3 _____

4. Total of Lines 1, 2 and 3: \_\_\_\_\_ (Total Line 4 should equal Line 13A.) Line 4 \_\_\_\_\_

LICENSE TYPES AND FEES COLLECTED	Column A No. of Each Type Total Unspayed/ unneutered	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	<u>7</u>	<del>NO FEE</del> \$2.50 ea. = \$ <u>17.50</u>	\$ ea. = \$	NO FEE
6. Unspayed and Unneutered Dogs	<u>6</u>	\$7.50 ea. = \$ <u>45.00</u>	\$ ea. = \$	\$3.00 ea. = \$ <u>18.00</u>
7. Exempt - Seeing Eye, War, Police Work Dogs	<del>NO FEE</del>	NO FEE	NO FEE	NO FEE
8. Void Validation Stickers (Green and Red)	<del>NO FEE</del>	NO FEE	NO FEE	NO FEE
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. Void Purebred Licenses	<del>NO FEE</del>	NO FEE	NO FEE	NO FEE
13. TOTALS (Line 13, Col. A should equal Line 4)		\$ <u>62.50</u>	\$	\$ <u>18.00</u>

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

DISBURSEMENTS		
17. 0.08% of Line 13, Col. B \$ <u>33.12</u>	20. 16.92% of line 13, Col. B \$ <u>29.38</u>	23. 100% of Line 13, Col. F \$ <u>18.00</u>
18. 100% of Line 13, Col. C \$ _____	21. 100% of Line 16, Col. E \$ _____	
19. TOTAL \$ <u>33.12</u>	22. TOTAL \$ <u>29.38</u>	

(Send this amount to T.C.V. Financial Officer) (Send this amount to County Financial Officer) (Send this amount to NYS Dept. of Ag. and Markets)

# Monthly Report of Marriage Licenses Issued

SEE INSTRUCTIONS AT BOTTOM OF PAGE

Report for the month of  
October 2004

City or Town of Andes

County of Delaware

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

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

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

DO NOT WRITE IN ABOVE SPACE

ORIGINAL

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 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  <b>DO NOT SEND CASH</b>	Name of City or Town Clerk (Please print) <u>Janis L. Jaques</u>	
	Signature of City or Town Clerk <u>Janis L. Jaques</u>	Date <u>11/1/04</u>
	Mailing Address <u>Po Box 125</u> <u>Andes, n.y.</u> Zip <u>13931</u>	
Amount of remittance with this report  \$ <u>0</u>	E-mail address _____	Phone <u>845-696-4791</u>

## 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.