

TOWN CLERK'S MONTHLY REPORT
TOWN OF ANDES

TO THE SUPERVISOR:

Pursuant to Section 27, Subd. 1 of the Town Law, I hereby make the following statement of all fees and money received by me during the month of May 2003, in connection with my office, excepting only such fees and moneys the application and payment of which are otherwise provided for by law:

QUANTITY	DECALS	COMMISSION
_____	_____	\$5.14

	TOTAL CONSERVATION	\$5.14
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A2544	Dog Licenses	\$23.85
A1255	Marriage Licenses	13.75
A1255	Clerk Fees (Other)	20.00
90	Other Permits	
6255	Building Permits & Renewals	0.00 he did not do
A2770	Other Unclassified Revenues	
TOTAL FEES TO TOWN SUPERVISOR		\$62.74

Paid to Supervisor	\$62.74
Paid to County Treasurer (Dog Licenses)	21.15
paid to Ag. & Markets (Spay/Neuter program)	6.00
Paid to State Health Dept. (Marriage Licenses)	11.25
Paid to Conservation Dept.	87.86
TOTAL DISBURSED	\$189.00

_____ 2003 _____ Supervisor

STATE OF NEW YORK, COUNTY OF DELAWARE, TOWN OF ANDES

Janis Lynn Jacques, being duly sworn, says that she is the Clerk of the Town of Andes, that the foregoing is a full and true statement of all Fees and Moneys recieved and disbursed by her during the month above stated.

Subscribed and S sworn this

_____ day of _____ 2003


Town Clerk

Town Clerk

Money Received:	\$189.00	✓
Money Dispersed:	\$189.00	✓
Balance:	\$0.00	✓

Town Seal

SEE INSTRUCTIONS AT BOTTOM OF PAGE

Report for the month of May ~~2002~~ 2003

City or Town of Andes

County of Delaware

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 61 of the Laws of 1989, I herewith transmit to the State Commissioner of Health a fee of eleven dollars and twenty-five cents for each marriage license issued by me during the month covered by this report.

Licenses were numbered from _____ 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

DO NOT SEND CASH

Amount of remittance with this report

\$ 11.25

Name of City or Town Clerk (Please print)

Janis Lynn Jacques

Signature of City or Town Clerk

Janis Lynn Jacques

Date

6-9-03

Mailing Address

P.O. Box 125

Andes, N.Y.

Zip 13731

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 \$11.25, 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.

Month Reported May Year 2003
 County Delaware Co. Code 12
 City, Village Hudson T.C.V. Code 01
 Prepared By Janis L. Jacques Town Clerk Title _____
 Date Submitted Month 06 Day 09 Year 03

Check box if no licenses issued and submit as directed.
 Check box if corrected report. Date original submitted _____

State of New York DL-4 (Rev. 6/97)
 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.

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		Column B Statutory Base Fees	Column C Local Additional Fees	Column F Unspayed/Unneutered Six months of age or older
	Total	Unspayed/Unneutered			
5. Spayed and Neutered Dogs	12	X	\$2.50 ea. = \$ 30.00	\$ ea. = \$	NO FEE
6. Unspayed and Unneutered Dogs	2	X	\$7.50 ea. = \$ 15.00	\$ ea. = \$	\$3.00 ea. = \$ 6.00
7. Exempt - Seeing Eye, War, Police Work Dogs		X	NO FEE	NO FEE	NO FEE
8. Void Validation Stickers (Green and Red)		X	NO FEE	NO FEE	NO FEE
9. Purebred License (1-10 dogs)		X	\$25. ea. = \$	\$ ea. = \$	\$3.00 per dog = \$
10. Purebred License (11-25 dogs)		X	\$50. ea. = \$	\$ ea. = \$	\$3.00 per dog = \$
11. Purebred License (26+ dogs)		X	\$100. ea. = \$	\$ ea. = \$	\$3.00 per dog = \$
12. Void Purebred Licenses		X	NO FEE	NO FEE	NO FEE
13. TOTALS (Line 13, Col. A should equal Line 4)			\$ 45.00	\$	\$ 6.00

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. 83.08% of Line 13, Col. B \$ <u>29.85</u>	20. 16.92% of line 13, Col. B \$ <u>21.15</u>	23. 100% of Line 13, Col. F \$ <u>6.00</u>
18. 100% of Line 13, Col. C \$ _____	21. 100% of Line 16, Col. E \$ _____	
19. TOTAL \$ <u>23.85</u>	22. TOTAL \$ <u>21.15</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)