

TOWN CLERK'S MONTHLY REPORT

TOWN OF VIENNA, NEW YORK

FEBRUARY, 2025

TO THE SUPERVISOR:

PAGE 1

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

A1255			
	<u>44</u>	COPIES	<u>11.00</u>
	<u>2</u>	CERTIFIED COPIES	<u>20.00</u>
	<u>1</u>	FAX	<u>1.25</u>
	<u>1</u>	USB STORAGE DEVICE	<u>10.00</u>
		TOTAL TOWN CLERK FEES	42.25
<hr/>			
A1603			
	<u>3</u>	CERTIFIED BIRTH & DEATH	<u>30.00</u>
		TOTAL A1603	30.00
<hr/>			
A2544			
	<u>20</u>	DOG LICENSES	<u>172.00</u>
		TOTAL A2544	172.00
<hr/>			
B2115			
	<u>1</u>	SUBDIVISION APPLICATION	<u>100.00</u>
		TOTAL B2115	100.00
<hr/>			

TOWN CLERK'S MONTHLY REPORT

FEBRUARY, 2025

page 2

DISBURSEMENTS

PAID TO SUPERVISOR FOR GENERAL FUND
PAID TO SUPERVISOR FOR PART TOWN FUND
PAID TO NYS ANIMAL POPULATION CONTROL PROGRAM

Interest .01
\$ 344.26 < 244.25
100.00
24.00

TOTAL DISBURSEMENTS

368.25

MARCH 3, 2025



Michael Davis Sr.

, SUPERVISOR

STATE OF NEW YORK, COUNTY OF ONEIDA, TOWN OF VIENNA

I, Carol L Huber, being duly sworn, says that I am the Clerk of the TOWN OF VIENNA that the foregoing is a full and true statement of all Fees and moneys received by me during the month above stated, excepting only such Fees the application and payment of which are otherwise provided for by law.



Town Clerk

Monthly Report of Marriage Licenses Issued

SEE INSTRUCTIONS AT BOTTOM OF PAGE

Report for the month of <u> FEBRUARY </u> <u> 2025 </u> City or Town of <u> VIENNA </u> County of <u> ONEIDA </u>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Do not write in this area</td> <td style="width: 60%;">DEP. NO. <u> </u></td> </tr> <tr> <td></td> <td>\$ <u> </u></td> </tr> <tr> <td></td> <td>CHECK # <u> </u></td> </tr> </table>	Do not write in this area	DEP. NO. <u> </u>		\$ <u> </u>		CHECK # <u> </u>
Do not write in this area	DEP. NO. <u> </u>						
	\$ <u> </u>						
	CHECK # <u> </u>						

Licenses numbered from <u> NONE </u> to <u> NONE </u> inclusive.	# of Military Exemptions: <u> </u>
*If only ONE license was issued, place license number in both spaces.	# of Skipped Licenses: <u> </u>
*If NO licenses were issued, write "NONE" in both spaces.	# of Voided Licenses: <u> </u>

Pursuant to the provisions of Section 15 of the Domestic Relations Law, 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.

Make remittance by CHECK or MONEY ORDER payable to the State Department of Health DO NOT SEND CASH Amount of remittance with this report \$ <u> 0.00 </u>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Name of City or Town Clerk (Please type or print)</td> </tr> <tr> <td colspan="2"><u> Carol L Huber </u></td> </tr> <tr> <td style="width: 70%;">Signature of City or Town Clerk</td> <td style="width: 30%;">Date</td> </tr> <tr> <td></td> <td><u> 03/03/2025 </u></td> </tr> <tr> <td colspan="2">Mailing Address</td> </tr> <tr> <td colspan="2"><u> PO Box 250 </u></td> </tr> <tr> <td><u> NORTH BAY, NY </u></td> <td>Zip <u> 13123 </u></td> </tr> <tr> <td>E-mail Address</td> <td>Phone</td> </tr> <tr> <td><u> townclerk@townofviennany.org </u></td> <td><u> (315) 245-2191 </u></td> </tr> </table>	Name of City or Town Clerk (Please type or print)		<u> Carol L Huber </u>		Signature of City or Town Clerk	Date		<u> 03/03/2025 </u>	Mailing Address		<u> PO Box 250 </u>		<u> NORTH BAY, NY </u>	Zip <u> 13123 </u>	E-mail Address	Phone	<u> townclerk@townofviennany.org </u>	<u> (315) 245-2191 </u>
Name of City or Town Clerk (Please type or print)																			
<u> Carol L Huber </u>																			
Signature of City or Town Clerk	Date																		
	<u> 03/03/2025 </u>																		
Mailing Address																			
<u> PO Box 250 </u>																			
<u> NORTH BAY, NY </u>	Zip <u> 13123 </u>																		
E-mail Address	Phone																		
<u> townclerk@townofviennany.org </u>	<u> (315) 245-2191 </u>																		

INSTRUCTIONS

This Monthly Report of Marriage Licenses issued must be submitted to the New York State Department of Health at the above address for each month whether or not any licenses were issued. If no licenses were issued, indicate NONE in the spaces provided for license numbers.

The issuance of a marriage license makes you responsible for the remittance fee of \$22.50 whether or not the marriage ceremony is ever performed. An exception to the mandatory remittance is when either of the parties applying for such license is a member of the armed forces of the U.S. on active duty.

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, 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 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: FEBRUARY, 2025

County: ONEIDA Code: 30

TOWN OF VIENNA Code: 23

Prepared by: Carol L Huber, TOWN CLERK

Date Prepared: MARCH 3, 2025

Dog License Monthly Report

Original ID Dog Licenses sold	<u>5</u>
Original Purebred License sold	<u>0</u>
Dog License Renewals sold	<u>15</u>
Purebred License Renewals sold	<u>0</u>
Total sold	<u>20</u>

LICENSE TYPES AND FEES COLLECTED	<u>Quantity</u>	<u>Local Fees</u>	<u>Surcharge Fees</u>
Spayed and Neutered Dogs	<u>18</u>	\$7.50 ea <u>135.00</u>	\$1.00 ea <u>18.00</u>
Unspayed and Unneutered Dogs	<u>2</u>	\$18.50 ea <u>37.00</u>	\$3.00 ea <u>6.00</u>
Exempt - Seeing Eye, War, Police	<u>0</u>	<u>No Fee</u>	<u>0.00</u>
Purebred License (1-10 dogs) Spayed & Neutered	<u>0</u>	\$35.00 ea <u>0.00</u>	<u>0.00</u>
Purebred License (1-10 dogs) Unspayed & Unneutered	<u>0</u>	<u>0.00</u>	<u>0.00</u>
Purebred License (11-25 dogs) Spayed & Neutered	<u>0</u>	\$75.00 ea <u>0.00</u>	<u>0.00</u>
Purebred License (11-25 dogs) Unspayed & Unneutered	<u>0</u>	<u>0.00</u>	<u>0.00</u>
Purebred License (26+ dogs) Spayed & Neutered	<u>0</u>	<u>0.00</u>	<u>0.00</u>
Purebred License (26+ dogs) Unspayed & Unneutered	<u>0</u>	<u>0.00</u>	<u>0.00</u>
Total licenses sold	<u>20</u>	<u>172.00</u>	<u>24.00</u>

REPLACEMENT AND PUREBRED TAG ORDERS

Replacement Tags	<u>0</u>	<u>0.00</u>
Purebred Tags	<u>0</u>	<u>0.00</u>
Total tags sold	<u>0</u>	<u>0.00</u>

DISBURSEMENTS

Paid to Supervisor	<u>\$172.00</u>
Paid to NYS Animal Population Control Program	<u>\$24.00</u>

NYS Department of Agriculture and Markets
 Spay and Neuter
 PO Box 975
 Albany, NY 12201-0975

Month of Submission: FEBRUARY, 2025
 County: ONEIDA Town of Vienna
 TCV Code: 3023 Oneida Vienna
 Prepared by: Carol L Huber, Town Clerk
 Date Prepared: MARCH 3, 2025

State of New York
 Department of Agriculture and Markets
 Spay and Neuter
 PO Box 975, Albany, NY 12201-0975

ANIMAL POPULATION CONTROL PROGRAM SUBMISSION

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

LICENSE TYPES AND FEES COLLECTED	Unspayed/Unneutered - Four months of age or older
Spayed and Neutered Dogs	\$1.00 ea = \$18.00
Unspayed and Unneutered Dogs	\$3.00 ea = \$6.00
TOTAL AMOUNT REMITTED	\$24.00
Check Number: 1409	