

Account#	Account Description	Fee Description	Qty	Local Share	
A1255	Marriage License	Marriage Fee	7	122.50	
	Misc Fee	Certified Copies	2	20.00	
	<b>Sub-Total:</b>			<b>\$142.50</b>	
A2544	Dog Licensing	Exempt Dogs	21	0.00	
		Female, Spayed	3	27.00	
		Male, Neutered	6	54.00	
	<b>Sub-Total:</b>			<b>\$81.00</b>	
B2115	Building Permits	Building Permit	3	120.00	
			<b>Sub-Total:</b>		
<b>Total Local Shares Remitted:</b>				<b>\$343.50</b>	
Amount paid to: NYS Ag. & Markets for spay/neuter program				9.00	
Amount paid to: State Health Dept.				157.50	
<b>Total State, County &amp; Local Revenues:</b>			<b>\$510.00</b>	<b>Total Non-Local Revenues:</b>	<b>\$166.50</b>

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, Jane C. Braunig, Town Clerk, Town of Romulus 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.

_____ Supervisor	_____ Date	_____ Town Clerk	_____ Date
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# Monthly Report of Marriage Licenses Issued

SEE INSTRUCTIONS AT BOTTOM OF PAGE

Report for the month of <b>October</b>	<b>2022</b>
City or Town of <u>Romulus</u>	
County of <u>Seneca</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 **49** to **57** 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  <b>DO NOT SEND CASH</b>  Amount of remittance with this report  \$ <b>157.50</b>	Name of City or Town Clerk (Please Print) <b>Jane C. Braunig</b>	
	Signature of City or Town Clerk	Date <b>11/09/2022</b>
	Mailing Address <b>P.O. Box 177 Willard, NY 14588</b>	

## 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.

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

Month of Submission: October

County: Seneca

TCV Code: 4506 - Seneca - Romulus

Prepared By: Jane C. Braunig

Date Prepared: 11/9/2022

**Animal Population Control Program Submission**

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

<b>LICENSE TYPES AND FEES COLLECTED</b>	<b>FEES</b>	<b>AMOUNT</b>
Spayed and Neutered Dogs = 25	\$1.00	\$9.00
Unspayed and Unneutered Dogs = 5	\$3.00	\$0.00
<b>TOTAL AMOUNT REMITTED</b>		<b>\$9.00</b>
Check Number:		