Gave to Denise 2/2/17

New Jersey Department of Health and Senior Services
Infectious and Zoonotic Diseases Program
PO Box 369
Trenton, New Jersey 08625-0369

MONTHLY DOG LICENSE REPORT

FOR STATE USE ONLY
Check No._____ Amount_____
Date of Check _____
Trans. Number _____
Date of Trans. _____

A. IDENTIFICATION

Reporting Municipality	County	Date of Report
Township of Alexandria	Hunterdon	January, 2017

B. LICENSE DATA

Include ALL license numbers, not just those for which fees are being submitted.

1. Period covered from 01/01/2017 to 01/31/2017
2. First license number this report. 1
3. Last license number this report. 235
4. Last license number last report this year. 0
5. Total licenses issued this report (subtract No. 4 from No. 3). 235

C. LICENSES ISSUED FOR WHICH NO MONEY IS SUBMITTED

List individually all licenses issued for which no fee is submitted. (Use additional sheets if necessary.)

#	License Number	Reason	#	License Number	Reason
1.			6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

D. PILOT CLINIC FUND

Surcharge (20 cents) for all licenses issued except for seeing eye, hearing ear and service dogs:

Number 233 Amount $ 46.60

E. ANIMAL POPULATION CONTROL FUND

Additional surcharge ($3) for licenses issued for non-spayed and non-neutered dogs except for seeing eye, hearing ear and service dogs:

Number 21 Amount $ 63.00

F. FEE DATA

1. Total amount due for registration fee ($1.00 for every license issued except for seeing eye, hearing ear and service dogs licensed without charge) ..... $ 233.00
2. Total amount due for Pilot Clinic Fund (Section D) ..... $ 46.60
3. Total amount due for Animal Population Control Fund (Section E) ..... $ 63.00
4. Total amount due this report ..... $ 342.60

G. CERTIFICATION

I certify that this report is a true and complete statement of dog licenses issued during the period indicated above.

Name (Print or Type)	Title	
Michele Bobrowski	Municipal Clerk	
Signature	Date	Daytime Telephone Number
	2/2/2017	(908) 996-7071

VPH-10
MAY 02

Distribution: Original to NJDHSS, IZDP

X210

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New Jersey Department of Health and Senior Services
Infectious and Zoonotic Diseases Program
PO Box 369
Trenton, New Jersey 08625-0369

MONTHLY DOG LICENSE REPORT

FOR STATE USE ONLY

Check No._____ Amount_____
Date of Check _____
Trans. Number _____
Date of Trans. _____

A. IDENTIFICATION

Reporting Municipality	County	Date of Report
Township of Alexandria	Hunterdon	February, 2017

B. LICENSE DATA

Include ALL license numbers, not just those for which fees are being submitted.

1. Period covered from 02/01/2017 to 02/28/2017
2. First license number this report. 236
3. Last license number this report. 405
4. Last license number last report this year. 235
5. Total licenses issued this report (subtract No. 4 from No. 3). 170

C. LICENSES ISSUED FOR WHICH NO MONEY IS SUBMITTED

List individually all licenses issued for which no fee is submitted. (Use additional sheets if necessary.)

#	License Number	Reason	#	License Number	Reason
1.			6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

D. PILOT CLINIC FUND

Surcharge (20 cents) for all licenses issued except for seeing eye, hearing ear and service dogs:

Number 162 Amount $ 32.40

E. ANIMAL POPULATION CONTROL FUND

Additional surcharge ($3) for licenses issued for non-spayed and non-neutered dogs except for seeing eye, hearing ear and service dogs:

Number 13 Amount $ 39.00

F. FEE DATA

1. Total amount due for registration fee ($1.00 for every license issued except for seeing eye, hearing ear and service dogs licensed without charge) ..... $ 162.00
2. Total amount due for Pilot Clinic Fund (Section D) ..... $ 32.40
3. Total amount due for Animal Population Control Fund (Section E) ..... $ 39.00
4. Total amount due this report ..... $ 233.40

G. CERTIFICATION

I certify that this report is a true and complete statement of dog licenses issued during the period indicated above.

Name (Print or Type)	Title	
Michele Bobrowski	Animal Licensing Agent	
Signature	Date	Daytime Telephone Number
	3/2/2017	908-996 7071

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MAY 02

Distribution: Original to NJDHSS, IZDP

X210

Gave to Diane 4/3/17

New Jersey Department of Health and Senior Services
Infectious and Zoonotic Diseases Program
PO Box 369
Trenton, New Jersey 08625-0369

MONTHLY DOG LICENSE REPORT

FOR STATE USE ONLY

Check No._____ Amount_____
Date of Check _____
Trans. Number _____
Date of Trans. _____

A. IDENTIFICATION

Reporting Municipality	County	Date of Report
Township of Alexandria	Hunterdon	March, 2017

B. LICENSE DATA

Include ALL license numbers, not just those for which fees are being submitted.

1. Period covered from 03/01/2017 to 03/31/2017
2. First license number this report. 394
3. Last license number this report. 544
4. Last license number last report this year. 393
5. Total licenses issued this report (subtract No. 4 from No. 3). 151

C. LICENSES ISSUED FOR WHICH NO MONEY IS SUBMITTED

List individually all licenses issued for which no fee is submitted. (Use additional sheets if necessary.)

#	License Number	Reason	#	License Number	Reason
1.			6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

D. PILOT CLINIC FUND

Surcharge (20 cents) for all licenses issued except for seeing eye, hearing ear and service dogs:

Number 139 Amount $ 27.80

E. ANIMAL POPULATION CONTROL FUND

Additional surcharge ($3) for licenses issued for non-spayed and non-neutered dogs except for seeing eye, hearing ear and service dogs:

Number 29 Amount $ 87.00

F. FEE DATA

1. Total amount due for registration fee ($1.00 for every license issued except for seeing eye, hearing ear and service dogs licensed without charge) ..... $ 139.00
2. Total amount due for Pilot Clinic Fund (Section D) ..... $ 27.80
3. Total amount due for Animal Population Control Fund (Section E) ..... $ 87.00
4. Total amount due this report ..... $ 253.80

G. CERTIFICATION

I certify that this report is a true and complete statement of dog licenses issued during the period indicated above.

Name (Print or Type)	Title	
Michele Bobrowski	Dog Licensing Asst	
Signature	Date	Daytime Telephone Number
	4/3/2017	908-996-7071 x 210

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MAY 02

Distribution: Original to NJDHSS, IZDP

Letter to Done 5-4-17

New Jersey Department of Health and Senior Services
Infectious and Zoonotic Diseases Program
PO Box 369
Trenton, New Jersey 08625-0369

MONTHLY DOG LICENSE REPORT

FOR STATE USE ONLY

Check No. _____ Amount _____
Date of Check _____
Trans. Number _____
Date of Trans. _____

A. IDENTIFICATION

Reporting Municipality	County	Date of Report
Township of Alexandria	Hunterdon	April, 2017

B. LICENSE DATA

Include ALL license numbers, not just those for which fees are being submitted.

1. Period covered from	04/01/2017 to	04/30/2017
2. First license number this report.		545
3. Last license number this report.		606
4. Last license number last report this year.		544
5. Total licenses issued this report (subtract No. 4 from No. 3).		62

C. LICENSES ISSUED FOR WHICH NO MONEY IS SUBMITTED

List individually all licenses issued for which no fee is submitted. (Use additional sheets if necessary.)

#	License Number	Reason	#	License Number	Reason
1.			6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

D. PILOT CLINIC FUND

Surcharge (20 cents) for all licenses issued except for seeing eye, hearing ear and service dogs:

Number 61 Amount $ 12.20

E. ANIMAL POPULATION CONTROL FUND

Additional surcharge ($3) for licenses issued for non-spayed and non-neutered dogs except for seeing eye, hearing ear and service dogs:

Number 18 Amount $ 54.00

F. FEE DATA

1. Total amount due for registration fee ($1.00 for every license issued except for seeing eye, hearing ear and service dogs licensed without charge)	$ 61.00
2. Total amount due for Pilot Clinic Fund (Section D)	$ 12.20
3. Total amount due for Animal Population Control Fund (Section E)	$ 54.00
4. Total amount due this report	$ 127.20

G. CERTIFICATION

I certify that this report is a true and complete statement of dog licenses issued during the period indicated above.

Name (Print or Type)	Title	
Michelle Sobkowski	Animal Licensing	
Signature	Date	Daytime Telephone Number
	5/4/2017	908-996-7071

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MAY 02

Distribution: Original to NJDHSS, IZDP

Dave to Diane 5/31/17

New Jersey Department of Health and Senior Services
Infectious and Zoonotic Diseases Program
PO Box 369
Trenton, New Jersey 08625-0369

MONTHLY DOG LICENSE REPORT

FOR STATE USE ONLY
Check No._____ Amount_____
Date of Check _____
Trans. Number _____
Date of Trans. _____

A. IDENTIFICATION

Reporting Municipality	County	Date of Report
Township of Alexandria	Hunterdon	May, 2017

B. LICENSE DATA

Include ALL license numbers, not just those for which fees are being submitted.

1.	Period covered from 05/01/2017 to	05/31/2017
2.	First license number this report.	114
3.	Last license number this report.	651
4.	Last license number last report this year.	113
5.	Total licenses issued this report (subtract No. 4 from No. 3).	538

C. LICENSES ISSUED FOR WHICH NO MONEY IS SUBMITTED

List individually all licenses issued for which no fee is submitted. (Use additional sheets if necessary.)

#	License Number	Reason	#	License Number	Reason
1.	640	Replacement	6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

D. PILOT CLINIC FUND

Surcharge (20 cents) for all licenses issued except for seeing eye, hearing ear and service dogs:

Number 45 Amount $ 9.00

E. ANIMAL POPULATION CONTROL FUND

Additional surcharge ($3) for licenses issued for non-spayed and non-neutered dogs except for seeing eye, hearing ear and service dogs:

Number 7 Amount $ 21.00

F. FEE DATA

1.	Total amount due for registration fee ($1.00 for every license issued except for seeing eye, hearing ear and service dogs licensed without charge)	$ 45.00
2.	Total amount due for Pilot Clinic Fund (Section D)	$ 9.00
3.	Total amount due for Animal Population Control Fund (Section E)	$ 21.00
4.	Total amount due this report	$ 75.00

G. CERTIFICATION

I certify that this report is a true and complete statement of dog licenses issued during the period indicated above.

Name (Print or Type)	Title	
Michelle Dabrowski	Dog Licensing	
Signature	Date	Daytime Telephone Number
	5/31/2017	908-996-7071

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MAY 02

Distribution: Original to NJDHSS, IZDP

X 210

Ltr to Diane 7/5/2017

New Jersey Department of Health and Senior Services
Infectious and Zoonotic Diseases Program
PO Box 369
Trenton, New Jersey 08625-0369

MONTHLY DOG LICENSE REPORT

FOR STATE USE ONLY

Check No._____ Amount_____

Date of Check _____

Trans. Number _____

Date of Trans. _____

A. IDENTIFICATION

Reporting Municipality	County	Date of Report
Township of Alexandria	Hunterdon	June, 2017

B. LICENSE DATA

Include ALL license numbers, not just those for which fees are being submitted.

1. Period covered from	06/01/2017 to	06/30/2017
2. First license number this report.		652
3. Last license number this report.		698
4. Last license number last report this year.		651
5. Total licenses issued this report (subtract No. 4 from No. 3).		47

C. LICENSES ISSUED FOR WHICH NO MONEY IS SUBMITTED

List individually all licenses issued for which no fee is submitted. (Use additional sheets if necessary.)

#	License Number	Reason	#	License Number	Reason
1.			6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

D. PILOT CLINIC FUND

Surcharge (20 cents) for all licenses issued except for seeing eye, hearing ear and service dogs:

Number 35 Amount $ 7.00

E. ANIMAL POPULATION CONTROL FUND

Additional surcharge ($3) for licenses issued for non-spayed and non-neutered dogs except for seeing eye, hearing ear and service dogs:

Number 5 Amount $ 15.00

F. FEE DATA

1. Total amount due for registration fee ($1.00 for every license issued except for seeing eye, hearing ear and service dogs licensed without charge)	$ 35.00
2. Total amount due for Pilot Clinic Fund (Section D)	$ 7.00
3. Total amount due for Animal Population Control Fund (Section E)	$ 15.00
4. Total amount due this report	$ 57.00

G. CERTIFICATION

I certify that this report is a true and complete statement of dog licenses issued during the period indicated above.

Name (Print or Type)	Title	
Michele Babowski	Dog Licensing Agent	
Signature	Date	Daytime Telephone Number
	7-5-2017	908-996-3021

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MAY 02

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Courier Mail 8/2/17

New Jersey Department of Health and Senior Services
Infectious and Zoonotic Diseases Program
PO Box 369
Trenton, New Jersey 08625-0369

MONTHLY DOG LICENSE REPORT

FOR STATE USE ONLY

Check No._____ Amount_____

Date of Check _____

Trans. Number _____

Date of Trans. _____

A. IDENTIFICATION

Reporting Municipality	County	Date of Report
Township of Alexandria	Hunterdon	July, 2017

B. LICENSE DATA

Include ALL license numbers, not just those for which fees are being submitted.

1. Period covered from 07/01/2017 to 07/31/2017
2. First license number this report. 699
3. Last license number this report. 710
4. Last license number last report this year. 698
5. Total licenses issued this report (subtract No. 4 from No. 3). 12

C. LICENSES ISSUED FOR WHICH NO MONEY IS SUBMITTED

List individually all licenses issued for which no fee is submitted. (Use additional sheets if necessary.)

#	License Number	Reason	#	License Number	Reason
1.			6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

D. PILOT CLINIC FUND

Surcharge (20 cents) for all licenses issued except for seeing eye, hearing ear and service dogs:

Number 12 Amount $ 2.40

E. ANIMAL POPULATION CONTROL FUND

Additional surcharge ($3) for licenses issued for non-spayed and non-neutered dogs except for seeing eye, hearing ear and service dogs:

Number 2 Amount $ 6.00

F. FEE DATA

1. Total amount due for registration fee ($1.00 for every license issued except for seeing eye, hearing ear and service dogs licensed without charge) ..... $ 12.00
2. Total amount due for Pilot Clinic Fund (Section D) ..... $ 2.40
3. Total amount due for Animal Population Control Fund (Section E) ..... $ 6.00
4. Total amount due this report ..... $ 20.40

G. CERTIFICATION

I certify that this report is a true and complete statement of dog licenses issued during the period indicated above.

Name (Print or Type)	Title	
Michele Dobrowski	Animal Licensing Agent	
Signature	**Date**	**Daytime Telephone Number**
	8/2/17	908-996-7071

VPH-10
MAY 02

Distribution: Original to NJDHSS, IZDP

New Jersey Department of Health and Senior Services
Infectious and Zoonotic Diseases Program
PO Box 369
Trenton, New Jersey 08625-0369

MONTHLY DOG LICENSE REPORT

FOR STATE USE ONLY

Check No._____ Amount_____

Date of Check _____

Trans. Number _____

Date of Trans. _____

A. IDENTIFICATION

Reporting Municipality	County	Date of Report
Township of Alexandria	Hunterdon	August, 2017

B. LICENSE DATA

Include ALL license numbers, not just those for which fees are being submitted.

1. Period covered from 08/01/2017 to 08/31/2017
2. First license number this report. 711
3. Last license number this report. 718
4. Last license number last report this year. 710
5. Total licenses issued this report (subtract No. 4 from No. 3). 8

C. LICENSES ISSUED FOR WHICH NO MONEY IS SUBMITTED

List individually all licenses issued for which no fee is submitted. (Use additional sheets if necessary.)

#	License Number	Reason	#	License Number	Reason
1.			6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

D. PILOT CLINIC FUND

Surcharge (20 cents) for all licenses issued except for seeing eye, hearing ear and service dogs:

Number 8 Amount $ 1.60

E. ANIMAL POPULATION CONTROL FUND

Additional surcharge ($3) for licenses issued for non-spayed and non-neutered dogs except for seeing eye, hearing ear and service dogs:

Number 1 Amount $ 3.00

F. FEE DATA

1. Total amount due for registration fee ($1.00 for every license issued except for seeing eye, hearing ear and service dogs licensed without charge) ..... $ 8.00
2. Total amount due for Pilot Clinic Fund (Section D) ..... $ 1.60
3. Total amount due for Animal Population Control Fund (Section E) ..... $ 3.00
4. Total amount due this report ..... $ 12.60

G. CERTIFICATION

I certify that this report is a true and complete statement of dog licenses issued during the period indicated above.

Name (Print or Type)	Title	
Michele Bobrowski	Dog Licensing	
Signature	**Date**	**Daytime Telephone Number**
	9/1/2017	908-996-7071 x210

VPH-10
MAY 02

Distribution: Original to NJDHSS, IZDP

Copy to Diane 10/3/17

New Jersey Department of Health and Senior Services
Infectious and Zoonotic Diseases Program
PO Box 369
Trenton, New Jersey 08625-0369

MONTHLY DOG LICENSE REPORT

FOR STATE USE ONLY
Check No._____ Amount_____
Date of Check _____
Trans. Number _____
Date of Trans. _____

A. IDENTIFICATION

Reporting Municipality	County	Date of Report
Township of Alexandria	Hunterdon	September, 2017

B. LICENSE DATA

Include ALL license numbers, not just those for which fees are being submitted.

1. Period covered from 09/01/2017 to 09/30/2017
2. First license number this report. 719
3. Last license number this report. 725
4. Last license number last report this year. 718
5. Total licenses issued this report (subtract No. 4 from No. 3). 7

C. LICENSES ISSUED FOR WHICH NO MONEY IS SUBMITTED

List individually all licenses issued for which no fee is submitted. (Use additional sheets if necessary.)

#	License Number	Reason	#	License Number	Reason
1.	721	Replacement	6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

D. PILOT CLINIC FUND

Surcharge (20 cents) for all licenses issued except for seeing eye, hearing ear and service dogs:

Number 6 Amount $ 1.20

E. ANIMAL POPULATION CONTROL FUND

Additional surcharge ($3) for licenses issued for non-spayed and non-neutered dogs except for seeing eye, hearing ear and service dogs:

Number 2 Amount $ 6.00

F. FEE DATA

1. Total amount due for registration fee ($1.00 for every license issued except for seeing eye, hearing ear and service dogs licensed without charge) ..... $ 6.00
2. Total amount due for Pilot Clinic Fund (Section D) ..... $ 1.20
3. Total amount due for Animal Population Control Fund (Section E) ..... $ 6.00
4. Total amount due this report ..... $ 13.20

G. CERTIFICATION

I certify that this report is a true and complete statement of dog licenses issued during the period indicated above.

Name (Print or Type)	Title	
Michele Bobrowski	Dog licensing Agent	
Signature	Date	Daytime Telephone Number
	10/3/2017	(908) 996-7071

VPH-10
MAY 02

Distribution: Original to NJDHSS, IZDP

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New Jersey Department of Health and Senior Services
Infectious and Zoonotic Diseases Program
PO Box 369
Trenton, New Jersey 08625-0369

MONTHLY DOG LICENSE REPORT

FOR STATE USE ONLY

Check No._____ Amount_____

Date of Check _____

Trans. Number _____

Date of Trans. _____

A. IDENTIFICATION

Reporting Municipality	County	Date of Report
Township of Alexandria	Hunterdon	October, 2017

B. LICENSE DATA

Include ALL license numbers, not just those for which fees are being submitted.

1. Period covered from 10/01/2017 to 10/31/2017
2. First license number this report. 726
3. Last license number this report. 729
4. Last license number last report this year. 725
5. Total licenses issued this report (subtract No. 4 from No. 3). 4

C. LICENSES ISSUED FOR WHICH NO MONEY IS SUBMITTED

List individually all licenses issued for which no fee is submitted. (Use additional sheets if necessary.)

#	License Number	Reason	#	License Number	Reason
1.			6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

D. PILOT CLINIC FUND

Surcharge (20 cents) for all licenses issued except for seeing eye, hearing ear and service dogs:

Number 4 Amount $ 0.80

E. ANIMAL POPULATION CONTROL FUND

Additional surcharge ($3) for licenses issued for non-spayed and non-neutered dogs except for seeing eye, hearing ear and service dogs:

Number 1 Amount $ 3.00

F. FEE DATA

1. Total amount due for registration fee ($1.00 for every license issued except for seeing eye, hearing ear and service dogs licensed without charge) ..... $ 4.00
2. Total amount due for Pilot Clinic Fund (Section D) ..... $ 0.80
3. Total amount due for Animal Population Control Fund (Section E) ..... $ 3.00
4. Total amount due this report ..... $ 7.80

G. CERTIFICATION

I certify that this report is a true and complete statement of dog licenses issued during the period indicated above.

Name (Print or Type)	Title	
Michele Bobrikow	Dog Licensing Agent	
Signature	Date	Daytime Telephone Number
	11/9/2017	908-996-7071 ext. 210

VPH-10
MAY 02

Distribution: Original to NJDHSS, IZDP

New Jersey Department of Health and Senior Services
Infectious and Zoonotic Diseases Program
PO Box 369
Trenton, New Jersey 08625-0369

MONTHLY DOG LICENSE REPORT

FOR STATE USE ONLY

Check No._____ Amount_____

Date of Check _____

Trans. Number _____

Date of Trans. _____

A. IDENTIFICATION

Reporting Municipality	County	Date of Report
Township of Alexandria	Hunterdon	November, 2017

B. LICENSE DATA

Include ALL license numbers, not just those for which fees are being submitted.

1. Period covered from 11/01/2017 to 11/30/2017
2. First license number this report. 730
3. Last license number this report. 730
4. Last license number last report this year. 729
5. Total licenses issued this report (subtract No. 4 from No. 3). 1

C. LICENSES ISSUED FOR WHICH NO MONEY IS SUBMITTED

List individually all licenses issued for which no fee is submitted. (Use additional sheets if necessary.)

#	License Number	Reason	#	License Number	Reason
1.			6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

D. PILOT CLINIC FUND

Surcharge (20 cents) for all licenses issued except for seeing eye, hearing ear and service dogs:

Number 1 Amount $ 0.20

E. ANIMAL POPULATION CONTROL FUND

Additional surcharge ($3) for licenses issued for non-spayed and non-neutered dogs except for seeing eye, hearing ear and service dogs:

Number 1 Amount $ 3.00

F. FEE DATA

1. Total amount due for registration fee ($1.00 for every license issued except for seeing eye, hearing ear and service dogs licensed without charge) ..... $ 1.00
2. Total amount due for Pilot Clinic Fund (Section D) ..... $ 0.20
3. Total amount due for Animal Population Control Fund (Section E) ..... $ 3.00
4. Total amount due this report ..... $ 4.20

G. CERTIFICATION

I certify that this report is a true and complete statement of dog licenses issued during the period indicated above.

Name (Print or Type)	Title	
Michele Bobrowski	Dog Licensing Agent	
Signature	Date	Daytime Telephone Number
	12/8/2017	(908) 996-7071 x210

VPH-10
MAY 02

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