

NYS DEPT. OF AGRICULTURE AND MARKETS
 DAI, DOG LICENSING UNIT – 10 B AIRLINE DRIVE, ALBANY, NY 12235
MUNICIPAL OFFICERS LIST

PLEASE COMPLETE THE INFORMATION BELOW RELATIVE TO MUNICIPAL OFFICIALS AND DOG CONTROL OFFICER AND SHELTER SERVICES.

County Name _____ County Code _____ City/Town/Village Name & Code _____

	NAME	OFFICE ADDRESS (include Zip Code)	OFFICE PHONE + area code	TERM EXPIRES
Supervisor Or Mayor				
Clerk				
Assessor (Chairman)				
Assessor				
Design. Ind. Dog Damage				
Judge/Justice				
Judge/Justice				
Chief of Police				
Constable				
Co. Treasurer				
MUNICIPALITY'S E-MAIL ADDRESS			FAX NUMBER	

DOG CONTROL OFFICER SERVICES		SHELTER SERVICES	
Name of Dog Control Officer	Phone	Name of Dog Shelter	Phone
Address Location: _____		Address Location: _____	
Mailing: _____		Mailing: _____	

ARTICLE 7 OF THE AGRICULTURE AND MARKETS LAW REQUIRES THAT ALL MUNICIPALITIES WHO ISSUE DOG LICENSES MUST SUPPLY A DOG CONTROL OFFICER AND SHELTER SERVICES.

 Clerk's Signature

 Date

Print Town Clerk's Address on Renewal License Form

