

Town of Northumberland

AGENDA

December 7, 2023

8:00 AM

SALUTE THE FLAG

THOSE ATTENDING

Supervisor Willard H. Peck
Councilman Paul Bolesh
Councilman John DeLisle
Councilman George Hodgson
Councilwoman Patricia Bryant

PUBLIC PARTICIPATION

APPROVAL OF MINUTES

1. Approve the minutes of the November 9, 2023 Public Hearing 2024 Town Budget
2. Approve the minutes of the November 9, 2023 Town Board Meeting

CORRESPONDENCE

1. Dog Control Officer's Report for November 2023

NEW BUSINESS

1. Consider contract with Bimar Consulting for Drug and Alcohol Testing for CDL Drivers
2. Speed Alert Message Sign
3. Establish a date for End of the Year Meeting
4. Establish a date for Organizational Meeting
5. Visitor Center
6. Adopt Resolution honoring Bernard Shaw/Deceased Veteran

OLD BUSINESS

1. 2023 Update Northumberland Comprehensive Plan (Draft)
2. Stonebridge Farm PUD Update

DESIGNATIONS

1. Approve Vouchers for payment as presented.

COMMITTEES

Insurance
Municipal Center & Parks
Recycling
Environmental
Youth
Highway

DEPARTMENTS

Town Board
Town Clerk
Building/Zoning/Planning
Highway Supt

ADJOURNMENT

Town of **Northumberland**
Dog Control Officer
Monthly Report

Month: Nov, Year: 2023

Complaints answered: 3

Dogs to shelter: 0

Miles traveled: July to Nov. 73

Warnings issued: 2

Summons issued: 0

Comments: 2 Bite Cases

Edmund A Cross Sr
Ed Cross, Dog Control Officer

Date: 12/4/23



SARATOGA COUNTY ANIMAL SHELTER

6010 COUNTY FARM ROAD, BALLSTON SPA, NY 12020

www.saratogacountyanimalshelter.com

BITE CASE REPORT FORM



TEL 518.885.4113

TOWN NORTHUMBERLAND

VICTIM

NAME Frank Paington PHONE# 617-828-9801

ADDRESS 9 Cook Circle, Gansevoort NY 12831

AGE 5/13/80 PARENT/GUARDIAN (IF UNDER 18) _____ VICTIM DOB 5/13/80

LOCATION OF WOUND L-Hand

DID VICTIM GET MEDICAL ATTENTION: NO _____ YES X WHERE Health Wellness, Hightstown, NJ

VICTIM SIGNATURE _____

BITE INCIDENT

DATE OF BITE 11/1/23 TIME _____

WHERE DID THIS HAPPEN Same as address above

WHAT HAPPENED playing with toy rope and then got his hand

ANIMAL

BREED Chihuahua (9yrs. old) long haired SEX M

NAME Theo COLOR golden

OWNER OR HARBORER OF ANIMAL

CONFINEMENT IS AT SHELTER HOME

OWNER WILL REDEEM ANIMAL _____

NAME _____ DATE VACC 3/2022 EXP 3/2025

ADDRESS Same as above VET Upstate Animal Vet

VET PHONE 518-583-0609

ZIP _____ PHONE _____ DAY PHONE _____

The Owner or Harboring of this animal has been advised of the conditions of the 10 day confinement period which will end on 11/2/23 and agrees to abide by the said conditions.

1) The animal shall be confined indoors and allowed outside on a leash under supervision.

2) If during the confinement period, the animal should become sick or die for any reason, Public Health should be contacted immediately at 584-7460. Your animal control officer and vet should also be contacted. EXT. ~~885~~ 8396

Failure to confine your animal could result in a mandatory order that the animal be confined at the shelter at your expense.

ACO/DCO Edward A. Cruz Sr. DATE 11/7/23

OWNER _____ DATE _____

ARRIVED AT SHELTER ON _____ RELEASE DATE _____

INSPECTION

1. <u>11/2/23</u> <u>OK</u>	2. <u>11/3/23</u> <u>OK</u>	3. <u>11/4/23</u> <u>OK</u>	4. <u>11/5/23</u> <u>OK</u>
5. <u>11/6/23</u> <u>OK</u>	6. <u>11/7/23</u> <u>OK</u>	7. <u>11/8/23</u> <u>OK</u>	8. <u>11/9/23</u> <u>OK</u>
9. <u>11/10/23</u> <u>OK</u>	10. <u>11/11/23</u> <u>OK</u>	LOCATION _____	

FAXED TO PUBLIC HEALTH 583-1202 or 643-7389 ANIMAL# _____

