



OFFICE OF  
THE COUNTY TREASURER OF COLUMBIA COUNTY

15 N 6<sup>th</sup> St.  
Hudson, New York 12534

Telephone 518-828-0513  
Fax 518-822-1110

PAUL J. KEELER JR.  
County Treasurer

MICHELE M. FUCHS  
Deputy County Treasurer

September 05, 2023

Ms. Tistrya Houghtling  
Supervisor  
Town of New Lebanon  
PO Box 328  
New Lebanon, New York 12125

Dear Supervisor:

Enclosed please find a chargeback Agreement for Rescue Squad Services in your Town for the fiscal year 2024.

For your reference, we are also enclosing a copy of your community's 2023 Chargeback form.

If you wish to participate, please complete and return the Agreement to me by October 27, 2023, so that the amount can be included in the county Tax Levy for your Town.

Thank you for your assistance. Please contact me if you have any questions.

Sincerely,

Paul J. Keeler, Jr.  
Columbia County Treasurer

PJK/lu  
Enclosures



PAUL J. KEELER JR.  
County Treasurer

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RECEIVED

11/17/22

MICHELE M. FUCHS  
Deputy County Treasurer

CHARGEBACK AGREEMENT

COPY

This agreement made as of the 15<sup>th</sup> day of November, 2022 by the Town of New Lebanon and the Treasurer of the County of Columbia.

WITNESSETH

Whereas, by Resolution Number 287-2002 of the Columbia County Board of Supervisors dated the 9<sup>th</sup> day of October, 2002, the Columbia County Treasurer is authorized to establish chargeback accounts for any municipality wishing to have said municipality's expenditure for emergency medical service imposed upon County real property tax bills for the amount attributable for such expenditure; and

Whereas, the Town Board of the Town of New Lebanon has determined that the County Treasurer shall charge back the amount specified herein to the real property taxpayers of said Town responsible for such expenditure; and

Now, therefore, the undersigned parties agree as follows:

1. That the Town hereby requests that the Treasurer of the County of Columbia charge the appropriate real property taxpayers within the Town the sum of \$ 108,431.00 On the proportionate basis of real property tax assessments within said Town; and
2. The Town hereby requests that the Treasurer of the County of Columbia, upon collection of said amounts, pay as directed below: (If your Town is serviced by multiple EMS agencies, please list agencies separately and indicate amount to be distributed to each.)

<u>Agency</u>	<u>Amount</u>
<u>Chatham Resue Squad</u>	<u>\$108,431.00</u>
_____	_____
_____	_____

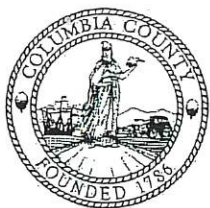
In witness whereof, the parties have set their hands and seal hereto on the dates written below:

11/15/2022  
Date

[Signature]  
Supervisor, Town of New Lebanon

11/22/22  
Date

[Signature]  
Paul J. Keeler, Jr., Treasurer



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PAUL J. KEELER JR.  
County Treasurer

MICHELE M. FUCHS  
Deputy County Treasurer

**CHARGEBACK AGREEMENT**

This agreement made as of the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by the Town of \_\_\_\_\_ and the Treasurer of the County of Columbia.

**WITNESSETH**

Whereas, by Resolution Number 287-2002 of the Columbia County Board of Supervisors dated the 9<sup>th</sup> day of October, 2002, the Columbia County Treasurer is authorized to establish chargeback accounts for any municipality wishing to have said municipality's expenditure for emergency medical service imposed upon County real property tax bills for the amount attributable for such expenditure; and

Whereas, the Town Board of the Town of \_\_\_\_\_ has determined that the County Treasurer shall charge back the amount specified herein to the real property taxpayers of said Town responsible for such expenditure; and

Now, therefore, the undersigned parties agree as follows:

1. That the Town hereby requests that the Treasurer of the County of Columbia charge the appropriate real property taxpayers within the Town the sum of \$ \_\_\_\_\_ On the proportionate basis of real property tax assessments within said Town; and
2. The Town hereby requests that the Treasurer of the County of Columbia, upon collection of said amounts, pay as directed below: (If your Town is serviced by multiple EMS agencies, please list agencies separately and indicate amount to be distributed to each.)

<u>Agency</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____

In witness whereof, the parties have set their hands and seal hereto on the dates written below:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor, Town of \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Paul J. Keeler, Jr., Treasurer