NYCServ Violation Copy

Internet

0212563735

9789000006006071

SUMMONS • FOR CIVIL PENALTIES ONLY

09

SUMMONS NUMBER: 0212 563 735

ENFORCEMENT AGENCY: Dept. of Sanitation

AGENCY CONTACT INFORMATION: 311 DIVISION: BCC

LAST NAME OR COMPANY NAME (Print): WILLIAMS, JUMAANE FIRST NAME:

CELL PHONE #: Owner

STREET ADDRESS: 1392 East 98 Street APT. NO.

CITY: Brooklyn STATE: New York ZIP: 11236

ID NUMBER:

TYPE OF ID/ISSUED BY:

DATE OF OCCURRENCE: 11 / 17 / 20 TIME OF OCCURRENCE: 8:05AM

PLACE OF OCCURRENCE: 1/F/O 1392 East 98 Street

BOROUGH OF OCCURRENCE: Brooklyn CB No. 18

☒ Alternative Service

You must respond to the Summons. You can appear on the hearing date and the location below or choose another option. For other options on how to respond, see the back of this page.

HEARING DATE: 1 / 8 / 2021 **AT:** 8:30AM

OFFICE OF ADMINISTRATIVE TRIALS AND HEARINGS

Brooklyn See reverse side for address

[borough]

Phone: (844)628-4692

FOR HEARING OPTIONS, SEE THE BACK OF THIS PAGE

REFER TO THE SUMMONS NUMBER ABOVE ON ALL CORRESPONDENCE

WARNING: If you do not respond, you may be found automatically responsible and you may owe larger penalties. If you do not pay any imposed penalties, you may lose your ability to keep or get a City license, permit or registration. The City might also take further legal action against you. See the back for more information.

Details of Violation(s)

Section/Rule NYCAC 16-118(2)(a) OATH Code 5 0 6

Mail-In Penalty: $ 100.00 Maximum Penalty: $ 300.00

☐ Respondent must appear in person

At T/P/O I did observe a large accumulation of paper and plastic scattered in front of the above location during the established routing hour of 8AM-8:59AM.

☐ Property Removed ☒ 1-2 Family ☐ Multiple Dwelling ☐ Commercial

OATH

NYC Charter Sections 1048 and 1049-a and the Rules of the City of New York authorize the NYC Office of Administrative Trials and Hearings (OATH) to hold hearings.

I, an employee of the enforcement agency named above, affirm under penalty of perjury that I personally observed the commission of the violation(s) charged above and/or verified their existence through a review of departmental records. False statements made herein are punishable as a Class A Misdemeanor pursuant to section 210.45 of the Penal Law.

RANK (TITLE) SIGNATURE OF COMPLAINANT: Supv [signature] REPORT LEVEL (Fill 4 spaces Comm'd, Sqd, Unit, etc.): KS15

COMPLAINANT'S NAME (Printed): Frank Bodato TAX REGISTRY NUMBER: 635808 AGENCY: 829

NOTICE ALSO SENT TO FIRST NAME

LAST NAME

STREET ADDRESS

CITY STATE ZIP

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