NYCServ Violation Copy

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SUMMONS • FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0195 734 670

ENFORCEMENT AGENCY: Dept. of Sanitation
AGENCY CONTACT INFORMATION: BCI DIVISION: BCC
LAST NAME OR COMPANY NAME: Baldt FIRST NAME: FRANCOIS
CELL PHONE: Owner
STREET ADDRESS: 80 Warren St APT. NO.
CITY: Staten Island STATE: NY ZIP: 10304
ID NUMBER:
TYPE OF ID/ISSUED BY:

DATE OF OCCURRENCE: 4/16/18 TIME OF OCCURRENCE: 835am
PLACE OF OCCURRENCE: 80 Warren ST
BOROUGH OF OCCURRENCE: Richmond CB No. 1
☒ 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: 5/24/18 AT: 0800am

OFFICE OF ADMINISTRATIVE TRIALS AND HEARINGS
Richmond 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, the City of New York will decide the Summons against you and impose penalties. If you do not pay any imposed civil penalty, the City could deny an application for, suspend, terminate, or revoke any City license, permit or registration that you have. The City may also enter a judgment against you in court.

Details of Violation(s)
Section/Rule NYCAC 16-118(2)(a) Violation Code S6M
Mail-In Penalty: $ 100.00 Maximum Penalty: $ 300.00
☐ Respondent must appear in person
ATTPD IOID OBSERVE mixed paper, soda cans, water bottles and food containers scattered all over front steps vis. 66 from a NYC Street during 8am - 855am no time
☐ 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: SA [signature] REPORT LEVEL (Fill 4 spaces Comm'd, Sqd. Unit, etc.): S701
COMPLAINANT'S NAME (Printed): A Rivera TAX REG/SHIELD NUMBER: S27866 AGENCY: 829
NOTICE ALSO SENT TO FIRST NAME
LAST NAME
STREET ADDRESS
CITY STATE ZIP

0195 734 670