NYCServ Violation Copy

Internet

0203994396

9145000005005040

SUMMONS • FOR CIVIL PENALTIES ONLY

71 SUMMONS NUMBER: 0203 994 396

ENFORCEMENT AGENCY: Dept. of Sanitation
AGENCY CONTACT INFORMATION: 311 DIVISION: BCC

LAST NAME OR COMPANY NAME (Print): PRUST FIRST NAME: FRANCOIS
CELL PHONE #: COUNTER
STREET ADDRESS: 80 WARREN ST APT. NO.
CITY: STATEN ISLAND STATE: NY ZIP: 10304
ID NUMBER:
TYPE OF ID/ISSUED BY:

DATE OF OCCURRENCE: 5/1/18 TIME OF OCCURRENCE: 6:00 PM
PLACE OF OCCURRENCE: 80 WARREN ST
BOROUGH OF OCCURRENCE: STATEN ISLAND 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: 6/4/18 **AT:** 8:30AM
OFFICE OF ADMINISTRATIVE TRIALS AND HEARINGS
STATEN ISLAND 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: NYCRR 16-118(b)(4) OATH Code: S 0 6
Mail-In Penalty: $ 100.00 Maximum Penalty: $ 300.00
☐ Respondent must appear in person
AT 7:10 I DID OBSERVE PAPERS SCATTERED ON SIDEWALK IN FRONT OF LOCATION DURING 6:00-6:59 PM BOARDING 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: [signature] REPORT LEVEL (Fill if applicable, Comm'd, Sqd, Unit, etc.): 8101
COMPLAINANT'S NAME (Printed): MILLER, THOMAS TAX REGISTRY NUMBER: 558211 AGENCY: 827

NOTICE ALSO SENT TO
FIRST NAME
LAST NAME
STREET ADDRESS
CITY STATE ZIP

0203 994 396