NYCServ Violation Copy

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PARKS ENFORCEMENT CITY OF NEW YORK

SUMMONS • FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0216 370 780

ENFORCEMENT AGENCY: Dept. of Parks and Recreation

AGENCY CONTACT INFORMATION: 311 DIVISION: NPS

LAST NAME OR COMPANY NAME (Print): NAIM FIRST NAME: AKASh

CELL PHONE #:

STREET ADDRESS: 19442 11Th PL S APT. NO.

CITY: Des moines STATE: WA ZIP: 98[illegible]

ID NUMBER: ~~WD~~ WDL365N4833B

TYPE OF ID/ISSUED BY: Washington Drivers License

DATE OF OCCURRENCE: 09/24/26 TIME OF OCCURRENCE: 1:02AM

PLACE OF OCCURRENCE: Hyen marshall playground / 90th St

BOROUGH OF OCCURRENCE: Queens CB No. 115

☐ 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: ~~09~~ 10/26 **AT:** 8:30am

OFFICE OF ADMINISTRATIVE TRIALS AND HEARINGS:

Queens 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 56RCNY 1-01(b)(3) OATH Code: A 1 3

Mail-In Penalty: $ 5,000 Unlawful Dumping Maximum Penalty: $ 5,000

☑ **Respondent must appear at a hearing**

AT TPO I did observe the respondent walk with a full garbage bag that he stated he took from his home and dumped it on Parks property Black Garbage bag

☐ 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: SPO S

REPORT LEVEL (Fill 4 spaces Comm'd, Sqd, Unit, etc.): 0003

COMPLAINANT'S NAME (Printed): J

TAX REGISTRY NUMBER: 960638 AGENCY: Nyc Parks

NOTICE ALSO SENT TO

LAST NAME: DOB-04/15/1993 FIRST NAME:

STREET ADDRESS:

CITY: STATE: ZIP:

0216 370 780