NYCServ Violation Copy

Internet

0216400452

0215000004004036

SUMMONS • FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0216 400 452

ENFORCEMENT AGENCY: ERIC EISENBERG

AGENCY CONTACT INFORMATION: ERICNOISE@--~~DIVISION:~~ HOTMAIL.COM

LAST NAME OR COMPANY NAME (Print)	FIRST NAME
ANTALIA	
CELL PHONE #:	
STREET ADDRESS 17 W 45TH ST	APT. NO.
CITY NEW YORK	STATE NY ZIP 10036
ID NUMBER:	
TYPE OF ID/ISSUED BY:	

DATE OF OCCURRENCE: 11 / 30 / 22 TIME OF OCCURRENCE: 9:39PM

PLACE OF OCCURRENCE: 17 W 45TH ST

BOROUGH OF OCCURRENCE: MANHATTAN CB No.

☐ 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: 02 / 05 / 24 **AT:** 9:00AM

OFFICE OF ADMINISTRATIVE TRIALS AND HEARINGS

~~MANHATTAN~~ 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 NYC AD. CODE 24-244(B) OATH Code AN 9 5

Mail-In Penalty: $ 440 Maximum Penalty: $ 1750

☐ Respondent must appear in person I OBSERVED RESPONDENT PLAYING SOUND FROM SPEAKER OUTSIDE OF BUSINESS FOR COMMERCIAL/BUSINESS ADVERTISING PURPOSES (AUDIBLE ON SIDEWALK)

OATH

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

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	REPORT LEVEL (Fill 4 spaces Comm'd, Sqd, Unit, etc.)
COMPLAINANT'S NAME (Print) ERIC EISENBERG	TAX REGISTRY NUMBER
~~NOTICE MAILED SENT TO~~ EISENBERG	FIRST NAME ERIC
LAST NAME	
STREET ADDRESS PO BOX 2452	
CITY NEW YORK	STATE NY ZIP ~~10108~~

AGENCY 999

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