NYCServ Violation Copy

Internet

0217347314

1115000001001008

SUMMONS • FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0217 347 314

ENFORCEMENT AGENCY: Parks Enforcement Police Department

AGENCY CONTACT INFORMATION: 718 520-6058 **DIVISION:** 02

LAST NAME OR COMPANY NAME (Print): SOW	FIRST NAME: Mamadou
CELL PHONE #: 332 251 6398	
STREET ADDRESS: 685 Malcolm X BLVD	APT. NO.
CITY: New York	STATE: NY ZIP: 11203-12
ID NUMBER: 251423491	
TYPE OF ID/ISSUED BY: NYSID	

DATE OF OCCURRENCE: 5/7/26 TIME OF OCCURRENCE: 1:33pm

PLACE OF OCCURRENCE: 1563 Metropolitan Ave

BOROUGH OF OCCURRENCE: Bronx CB No. 043

☐ Alternative Service

You must respond to the Summons. For options on how to respond, see the back of this page.

HEARING DATE: 7/16/26 **AT:** 0930

OFFICE OF ADMINISTRATIVE TRIALS AND HEARINGS

Bronx (borough) See reverse side for address

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 19-176(B) OATH Code D 6 2

Mail-In Penalty: $ 50 Maximum Penalty: $ 100

AT TPO Deft (Sow, Mamadou) was observed hiding his bike on the side walk which is prohibited.

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: PO	REPORT LEVEL (Fill 4 spaces Comm'd, Sqd, Unit, etc.): 0 0 0 2	
COMPLAINANT'S NAME (Printed): Mack	TAX REGISTRY NUMBER: 015619131	AGENCY: PED
NOTICE ALSO SENT TO	FIRST NAME	
LAST NAME		
STREET ADDRESS		
CITY	STATE	ZIP

0217 347 314