NYCServ Violation Copy

Internet

0219256740

0600000002002023

SUMMONS TO APPEAR

FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0219 256 740

ENFORCEMENT AGENCY: **Police Department**

Respondent Last Name	First	M.I.
SAI CONSTRUCTION SERVICES, LLC.		

Phone No		D.O.B.	Sex
917 618 7584	☐ Cell ☐ Home	/ /	☐ Male ☐ Female

Mailing Address

68-37 YELLOWSTONE BLVD #D60 FOREST HILLS NY 11375

ID Number	Exp	ID Type
B022024303B43	12/31/24	DOT PERMIT

Race ☐ White ☐ Black ☐ Hisp. White ☐ Hisp. Black ☐ Am. Ind./Alaskan Native ☐ Asian/Pacific. Is.

Date of Occurrence	Time of Occurrence	Precinct
12/08/2024	10:55 ☒ AM ☐ PM	078

Place of Occurrence (☐ At ☒ In Front Of ☐ Opposite) — Borough: M ☐ BK ☒ SI ☐ Q ☐ BX ☐

238 DE GRAW ST. BTWN. CLINTON ST. STRONG PL

Include the summons number above on all communications

HEARING DATE: 2/13/25 AT: 8:30 ☒ AM ☐ PM

You must respond by the above date.
See the BACK OF THIS SUMMONS to learn about your options.

Hearing Location: Office of Administrative Trials and Hearings (OATH)

Borough: BROOKLYN - (See back for address)

(844) 628-4692
www.nyc.gov/oath

☒ Admin. Code ☐ Parks Rules: 56 RCNY
☐ Rules of City of NY ☐ Traffic Rules: 34 RCNY ☐ Other

Section/Rule	OATH Code	
19-102(ii)	D 3 0	

Mail-in Penalty	Max. Penalty	Property Removed
$ 1200.00	$3600.00	☐ Yes ☐ No

Details of Charge(s): A.T.P.O - I OBSERVED ABOVE NAME CONTRACTOR FAILURE TO COMPLY WITH THE TERMS AND CONDITIONS OF DOT PERMIT- VIOLATING PART OF STIP # 101 WHICH STATES PERMITEE MUST AFFIX THEIR DEPARTMENT ISSUE FIVE(5) DIGIT IDENTIFICATION NUMBER USING A WATER PROOF LABEL OR STICKER ON ALL TEMP. SIGNS. ARIAL FONT BLACK INC 3/4 INCH - LOWER RIGHT HAND CORNER AND BACK OF SIGNS. CONTRACTOR INSTALL TWO SIGNS WITHOUT 5 DIGIT NUMBER ON EITHER SIDES

NYC Charter Section 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 agency named above, affirm under penalty of perjury that: 1) I personally observed the commission of the violation charged; 2) I verified the existence of the violation through a review of Departmental records; or 3) I was informed of the commission of the violation by a reliable witness that is known to the Department. False statements made herein are punishable as a Class A Misdemeanor pursuant to Section 210.45 of the Penal Law.

☐ Unless otherwise indicated on the back, at the time and place of occurrence, I did personally serve a true copy of the Summons on the Respondent named therein.

I/O Signature	Command
Ejaz Ahmad	055

Rank/Title	Name	Tax No.
TEA IV	AHMAD, EJAZ	343455

0219 256 740