NYCServ Violation Copy

Internet

0219259875

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SUMMONS TO APPEAR
FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0219 259 875
ENFORCEMENT AGENCY: **Police Department**

Respondent Last Name	First	M.I.
ANGAD CONSTRUCTION CORP		

Phone No		D.O.B.	Sex
201-424-3786	☐ Cell ☐ Home	/ /	☐ Male ☐ Female

Mailing Address
259 PIERMONT RD MAHWAH NJ 07430

ID Number	ID Type
QD2-2024299-A42-GRP-[illegible]	1-25-25 DOT-permit

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

Date of Occurrence	Time of Occurrence	Precinct
12/21/24	1:07 ☐ AM ☑ PM	114

Place of Occurrence (☑ At ☐ In Front Of ☐ Opposite)
27TH ST. BET 37TH AVE & 38TH AVE

Borough: M ☐ BK ☐ SI ☐ Q ☑ BX ☐

Include the summons number above on all communications

HEARING DATE: 3/12/25 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: QUEENS (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)	031	
Mail-in Penalty	**Max. Penalty**	Property Removed ☐ Yes ☐ No
$1,200	$3,600	

Details of Charge(s): AT T.P.O I OBSERVED THE ABOVE Respondent FAILURE TO Comply with Terms AND Conditions OF DOT permit. STIP 101. Respondent must AFFIX their Department ISSUED FIVE DIGIT IDENTIFICATION NUMBER using A waterproof LABEL or STICKER on all TEMPORARY SIGNS. Respondent FAILED TO AFFIX the 5 DIGIT IDENTIFICATION Number on the TEMPORARY CONSTRUCTION SIGNS.

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 this Summons on the Respondent named therein.

I/O Signature	Command
[signature]	055

Rank/Title	Name	Tax No.
TBOW	[illegible]	347607



0219 259 875