

# NYCServ Violation Copy

Internet



0219259920



## 0605000005005023 SUMMONS TO APPEAR FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: **0219 259 920**  
ENFORCEMENT AGENCY: **Police Department**

|                                                                                                                                                                                                                                           |                                                                |                                                                       |                                                                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Respondent Last Name                                                                                                                                                                                                                      |                                                                | First                                                                 | M.I.                                                                                                                                                     |
| CITY WIDE CONTAINER SERVICE CORP.                                                                                                                                                                                                         |                                                                |                                                                       |                                                                                                                                                          |
| Phone No                                                                                                                                                                                                                                  | <input type="checkbox"/> Cell<br><input type="checkbox"/> Home | D.O.B.                                                                | Sex<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female                                                                                  |
| 718-599-9087                                                                                                                                                                                                                              |                                                                | / /                                                                   |                                                                                                                                                          |
| Mailing Address                                                                                                                                                                                                                           |                                                                |                                                                       |                                                                                                                                                          |
| 33-19 126 PLACE CORONA NY 11368                                                                                                                                                                                                           |                                                                |                                                                       |                                                                                                                                                          |
| ID Number                                                                                                                                                                                                                                 | ID Type                                                        |                                                                       |                                                                                                                                                          |
| B-1-C 252                                                                                                                                                                                                                                 | B-1-C NO                                                       |                                                                       |                                                                                                                                                          |
| Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hisp. White <input type="checkbox"/> Hisp. Black <input type="checkbox"/> Am. Ind./Alaskan Native <input type="checkbox"/> Asian/Pacific. Is. |                                                                |                                                                       |                                                                                                                                                          |
| Date of Occurrence                                                                                                                                                                                                                        | Time of Occurrence                                             | <input type="checkbox"/> AM<br><input checked="" type="checkbox"/> PM | Precinct                                                                                                                                                 |
| 12/23/24                                                                                                                                                                                                                                  | 3:05                                                           |                                                                       | 010                                                                                                                                                      |
| Place of Occurrence ( <input type="checkbox"/> At <input checked="" type="checkbox"/> In Front Of <input type="checkbox"/> Opposite)                                                                                                      |                                                                |                                                                       | Borough                                                                                                                                                  |
| 212 W 11th St Bet 7th Ave + 8th Ave                                                                                                                                                                                                       |                                                                |                                                                       | MD <input checked="" type="checkbox"/> BK <input type="checkbox"/> SI <input type="checkbox"/><br>Q <input type="checkbox"/> BX <input type="checkbox"/> |

Include the summons number above on all communications

HEARING DATE: 3/4/25 AT: 1100 ☐ 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: MANHATTAN (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                                                                 |
| 2-14 (e) (6)    | 21C19                                                                     |
| Mail-in Penalty | Property Removed <input type="checkbox"/> Yes <input type="checkbox"/> No |
| \$250.00        | \$750.00                                                                  |

Details of Charge(s): AT TPO I OBSERVED THE ABOVE  
Respondent's Failure To have The proper street  
protection under Commercial Refuse Container.  
Respondent HAD A Commercial Refuse Container  
with NO street protection "planking" on ANY  
of The steel wheels

NYC Charter Section 104b and 104b-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       |
| <u>[Signature]</u> | <u>055</u>    |
| Rank/Title         | Tax No.       |
| <u>TEAV</u>        | <u>347607</u> |
| Name               |               |
| <u>John LISA</u>   |               |



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