

# NYCServ Violation Copy

Internet



0221052600



## 0903000001001014 SUMMONS TO APPEAR FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: **0221 052 600**  
ENFORCEMENT AGENCY: **Police Department**

|                                                                                                                                                                                                                                           |                                                                |                                                                       |                                                                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Respondent Last Name                                                                                                                                                                                                                      |                                                                | First                                                                 | M.I.                                                                                                                                                               |
| Citywide 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                                                                                                                                                                                                                           |                                                                |                                                                       |                                                                                                                                                                    |
| 33-19 124 place corona NY 11368                                                                                                                                                                                                           |                                                                |                                                                       |                                                                                                                                                                    |
| ID Number                                                                                                                                                                                                                                 | ID Type                                                        |                                                                       |                                                                                                                                                                    |
| 718-599-9087                                                                                                                                                                                                                              | For ID only                                                    | Vern                                                                  |                                                                                                                                                                    |
| 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                                                                                                                                                           |
| 11/10/25                                                                                                                                                                                                                                  | 5:12                                                           |                                                                       | 18                                                                                                                                                                 |
| Place of Occurrence ( <input checked="" type="checkbox"/> At <input type="checkbox"/> In Front Of <input type="checkbox"/> Opposite)                                                                                                      |                                                                |                                                                       | Borough<br>M <input checked="" type="checkbox"/> BK <input type="checkbox"/> SI <input type="checkbox"/><br>Q <input type="checkbox"/> BX <input type="checkbox"/> |
| W 58 ST 10/9 AVENUES                                                                                                                                                                                                                      |                                                                |                                                                       |                                                                                                                                                                    |

Include the summons number above on all communications

HEARING DATE: 1/20/26 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: Manhattan (See back for address) (844) 628-4692  
www.nyc.gov/oath

|                                                 |                                                                                |                   |
|-------------------------------------------------|--------------------------------------------------------------------------------|-------------------|
| <input checked="" type="checkbox"/> Admin. Code | <input type="checkbox"/> Parks Rules: 58 RCNY                                  | OATH Code<br>0124 |
| <input type="checkbox"/> Rules of City of NY    | <input type="checkbox"/> Traffic Rules: 34 RCNY <input type="checkbox"/> Other |                   |
| Section/Rule                                    | Mail-in Penalty                                                                | Max. Penalty      |
| 19-123                                          | 750.                                                                           | 2250              |
|                                                 | Property Removed <input type="checkbox"/> Yes<br><input type="checkbox"/> No   |                   |

Details of Charge(s):  
Alt TPO the above respondent placed a Commercial Container in the street without a valid DOT permit

NYC Charter Section 104b and 104d-e 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.

|                    |         |
|--------------------|---------|
| I/O Signature      | Command |
| <u>[Signature]</u> | 055     |
| Rank/Title         | Tax No. |
| TEATV              | 342533  |



0221 052 600