NYCServ Violation Copy

Internet

45462394Z

SUMMONS - FOR CIVIL PENALTIES ONLY

City of New York Department of Sanitation, Petitioner vs Respondent:

Mailing Date: 3/20/2019 12:00:00 A

LAST NAME	FIRST NAME	INITIAL	SEX
BELOT FRANCOIS			

STREET ADDRESS
80 WARREN STREET

CITY	STATE	ZIP
STATEN ISland	NY	10304

TYPE OF LICENSE / PERMIT OR IDENTIFICATION	ISSUED BY

NUMBER

The Respondent is charged with Violation of Law / Rule

DATE OF OFFENSE	TIME	BOROUGH	CB NO	VIOLATION CODE
3/16/2019	8:36 AM	SI	01	597-13th+

NYC Adm. Code –Sanitation Provisions –Title 16

SECTION / RULE
16-118 (2)(a)

GENERAL DESCRIPTION OF SECTION / RULE

Dirty Area

PLACE OF OCCURRENCE

Front of 80 WARREN STREET

DETAILS OF VIOLATION

At T/P/O I did observe a large accumulation of matted bottle(s), can(s), piece (s) of paper, tissue(s), wrappers, Food tray(s), plastic bags in the front yard behind gate at the above location during the established routing hour of 8am-8:59am.

PROPERTY TYPE
1-2 Family

MAIL-IN PENALTY	MAXIMUM PENALTY FOR VIOLATION
$250.00	$250.00

DATE AND TIME OF HEARING / LOCATION

22nd day of April 2019 08:30 AM at any ECB Location

Proceedings will be held under the authority of Section 1049-a of the NYC Charter and the rules promulgated thereunder

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.

I, an employee of the below agency personally observed the commission of the civil violation charged above. False statements made herein are punishable as a class A Misdemeanor pursuant to section 210.45 of the Penal Law. Affirmed under penalty of perjury.

SIGNATURE OF COMPLAINANT - N.Y.C. DEPARTMENT OF SANITATION

RANK (TITLE) NAME OF COMPLAINANT	TAX REG NO	AGENCY	REPORT LEVEL
SEA S. Malave	638717	827	SIRU

E45462394Z

Copy of Notice of Violation provided above

NOTICE ALSO SENT TO DOF ADDRESS

LAST NAME	FIRST NAME	INITIAL	SEX
WELLS FARGO BANK, N.A.			

STREET ADDRESS
1 HOME CAMPUS

CITY	STATE	ZIP
DES MOINES	IA	50328

NOTICE ALSO SENT TO DSNY ADDRESS

LAST NAME	FIRST NAME	INITIAL	SEX
STREET ADDRESS			
CITY		STATE	ZIP

Affirmation of Service

The Undersigned under the penalties of section 210.45 of the Penal Law, hereby affirms that he or she is not a party to the action, is over 18 years of age, and;

Alternative Service per NYC Charter §1049-a(d)(2)

- [x] At the time indicated on the front of the Notice of Violation with the below referenced number,
- [ ] At ___ on ___ at T/P/O I attempted to personally serve the Notice of Violation with the below referenced number on the respondent named therein but was unable to do so because:
- [x] having attempted entry into the premises, I found the premises locked and no one responded to any bells, knocks or calls.
- [ ] having entered the premises and having identified myself, I was:
  - [ ] advised by that respondent was not then present.
  - [ ] advised by that no officer, director, managing agent or general agent of the respondent was present.
  - [ ] unable to secure identification of the person(s) present.
- [x] Therefore, I affixed a copy of the Notice of Violation with the below referenced number to the door of the premises at the time indicated above.

I, an employee of the below agency, served this notice of violation in the manner described above. False statements made herein are punishable as a class A Misdemeanor pursuant to section 210.45 of the Penal Law. Affirmed under penalty of perjury.

Date 03/16/2019

Signature

S. Malave

Notice of Violation Number

E45462394Z

NOTICE ALSO SENT TO HPD ADDRESS

LAST NAME
STREET ADDRESS
CITY