NYCServ Violation Copy

Internet

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SUMMONS * FOR CIVIL PENALTIES ONLY

ENFORCEMENT AGENCY NAME: Department of Sanitation

DIVISION: 829 KN17

AGENCY ADDRESS AND PHONE NUMBER: 125 Worth Street, NY 311

RESPONDENT:
4722 AVE D LLC

GENDER:

RESPONDENT MAILING ADDRESS:
800 EAST 48 STREET, Brooklyn, NY 11203

CELL PHONE:

RESPONDENT ID NUMBER:

TYPE OF ID AND ISSUED BY:

DATE AND TIME OF OCCURRENCE: 02/28/2025 05:53 PM

PLACE OF OCCURRENCE: Front Of 800 EAST 48 STREET

BOROUGH: BK **CB NO:** 17

You must respond to the Summons. You can appear on the hearing date and the location below or choose another option. For other options on how to respond, read further on this Summons.

HEARING DATE: May 29, 2025 **AT:** 08:30 AM

OFFICE OF ADMINISTRATIVE TRIALS AND HEARINGS:

at any OATH location

Read further on this Summons for address. Phone: (844)628-4692

FOR HEARING OPTIONS, READ FURTHER ON THIS SUMMONS REFER TO THE SUMMONS NUMBER ABOVE ON ALL CORRESPONDENCE.

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.

DETAILS OF VIOLATION

Law Description: Rules of the City of New York--Sanitation Provisions--Title 16

Section or Rule: 16-120(a)

OATH Code: Improper Receptacle, Fail to Containerize-Resid. {S2S}

Mail-In Penalty: No Mail In Penalty. You must appear. **Maximum Penalty:** $300.00

At T/P/O I did observe refuse placed out for collection in bags and not in rigid receptacles with tight fitting lids or other means as authorized by DSNY.

Property Residential Properties

NYC Charter Sections 1048, 1049, and 1049-a and the Rules of the City of New York authorizes the NYC Office of Administrative Trials and Hearings (OATH) to hold hearings.

I, an employee of the enforcement agency named above, affirm under penalty of perjury that I personally observed the commission of the violation(s) charged above and/or verified their existence through a review of departmental records. False statements made herein are punishable as a Class A Misdemeanor pursuant to section 210.45 of the Penal Law.

Rank/Title: SUP **Report Level:** KN17

Name/ID: C. McDonald , 669776 **Agency:** 829

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Mailing Date: 03/04/2025

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)

☒ At the time indicated on the front of the Notice of Violation with the below referenced number,

☐ At on at
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:

☒ 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.

☒ 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 02/28/2025

Signature

C. McDonald **Agency:** 829

Summons Number
048984826K

DOF Address	4722 AVE D LLC
	194 MALLORY AVE. STATEN ISLAND 10305-3506
DSNY Address	4722 AVE D LLC
	800 EAST 48 STREET BROOKLYN NY 11203
HPD Address	