NYCServ Violation Copy

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0627000734

OATH 603E 08/23

NYC Environmental Protection

SUMMONS • FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0627 000 734

ENFORCEMENT AGENCY: Dept. of Environmental Protection
AGENCY CONTACT INFORMATION: (718) 595-4659 **DIVISION:** DERTA

LAST NAME OR COMPANY NAME (Print)	FIRST NAME
Tryax Realty Management Inc	

CELL PHONE #:

STREET ADDRESS: 1476 Walton Ave APT. NO.:

CITY: BRONX STATE: NY ZIP: 10452

ID NUMBER: _____

TYPE OF ID/ISSUED BY: _____

DATE OF OCCURRENCE: 04/30/26 TIME OF OCCURRENCE: 11:10 AM

PLACE OF OCCURRENCE: 390 E 153rd Street

BOROUGH OF OCCURRENCE: Bronx CB No. BX01

☐ Alternative Service

You must respond to the Summons. See the back for options on how to respond to this summons.

HEARING DATE: 05/19/26 **AT:** 09:00 AM

OFFICE OF ADMINISTRATIVE TRIALS AND HEARINGS

Manhattan See reverse side for address
[borough]

Phone: (844)628-4692

FOR HEARING OPTIONS, SEE THE BACK OF THIS PAGE
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. See the back for more information.

Details of Violation(s)

Section/Rule 24-610c/Ad Code OATH Code: H Z 2

Mail-In Penalty: $ ---------- Maximum Penalty: $ 10000.00

Willfully violated or failed or refused to comply with Commissioner's Order

NYC Charter Sections 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 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) SIGNATURE OF COMPLAINANT	REPORT LEVEL (Fill 4 spaces Comm'd, Sqd, Unit, etc.)

COMPLAINANT'S NAME (Printed)	TAX REGISTRY NUMBER	AGENCY
LEE, VICTOR	1841	804

NOTICE ALSO SENT TO FIRST NAME

LAST NAME

STREET ADDRESS

CITY STATE ZIP

0627000734

OATH