



SUMMONS • FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0195 540 016

ENFORCEMENT AGENCY: Dept. of Sanitation

AGENCY CONTACT INFORMATION: _____ DIVISION: _____

LAST NAME OR COMPANY NAME (Print) FIRST NAME

CELL PHONE #:

STREET ADDRESS APT. NO.

CITY STATE ZIP

ID NUMBER:

TYPE OF ID/ISSUED BY: _____

DATE OF OCCURRENCE: ___/___/___ TIME OF OCCURRENCE: _____

PLACE OF OCCURRENCE: _____

BOROUGH OF OCCURRENCE: _____ CB No. _____

Alternative Service

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, see the back of this page.

HEARING DATE: ___/___/___ AT: _____

OFFICE OF ADMINISTRATIVE TRIALS AND HEARINGS

_____ 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, the City of New York will decide the Summons against you and impose penalties. If you do not pay any imposed civil penalty, the City could deny an application for, suspend, terminate, or revoke any City license, permit or registration that you have. The City may also enter a judgment against you in court.

Details of Violation(s)

Section/Rule _____ Violation Code _____

Mail-In Penalty: \$ _____ Maximum Penalty: \$ _____

Respondent must appear in person

Property Removed 1-2 Family Multiple Dwelling Commercial

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

NOTICE ALSO SENT TO FIRST NAME

LAST NAME

STREET ADDRESS

CITY STATE ZIP



0195 540 016

RESPONDENT