

Respondent
The party who the City agency names as responsible for the violation and for answering the NOV

Notice Also Sent To
In some instances, the agency will send a copy of the NOV to another address where the respondent might receive notice. If it is addressed to someone other than the respondent, that person is **not** liable for the NOV.

Date of Offense / Time
Lists the date and time when the violation occurred.

Code / Rule / Section
Indicates the code / rule / section of law violated

Details of Violation
Provides a description of the violation

Mail-in Penalty Schedule
If you are eligible to pay your penalty without a hearing, a dollar amount will be checked or written in.

If you are not eligible to pay your penalty without a hearing, the check box next to "No Mail-in penalty will be marked and you must appear at a hearing."

Number
Your violation number.

ENVIRONMENTAL CONTROL BOARD • **NOTICE OF VIOLATION AND HEARING** • FOR CIVIL PENALTIES ONLY
City of New York, Petitioner vs Respondent:

LAST NAME (Print) FIRST NAME INITIAL Sex
STREET ADDRESS
CITY STATE ZIP

TYPE OF LICENSE / PERMIT OR IDENTIFICATION NUMBER ISSUED BY
 1 Consumer Affairs License 4 Vehicle Plate 7 Cert. of Auth.
 2 Health Dept. License 5 Meter Number 8 Build Reg. No.
 3 Motorist Identification 6 Soc. Sec. No. 9 Telephone No.
 10 Other

NOTICE ALSO SENT TO FIRST NAME INITIAL
LAST NAME
STREET ADDRESS
CITY STATE ZIP

The Respondent is charged with violation of Section/Rule.
Date of Offense AM Time PM Borough CB NO. Violation Code

NYC ADMINISTRATIVE CODE/RULES OF THE CITY OF NEW YORK OTHER CODES
 1. "Air Code" Provisions 5. Sanitation Provisions 9. Park Rules 11. NYS Public Health Law
 2. "Noise Code" Provisions 6. General Vendor Provisions 10. Other 12. NYC Health Code Provisions
 3. "Water Code" Provisions 7. Food Vendor Provisions 13. NYS VTL
 4. "Sewer Code" Provisions 8. Transportation Provisions 14. Other

SECTION/RULE
At Front of Opposite Place of Occurrence

DETAILS OF VIOLATION

Property Removed Yes No ALTERNATIVE SERVICE
 1 1-2 Family 2 Multiple Dwelling 3 Commercial
Mail-In Penalty Schedule NO MAIL-IN PENALTY. YOU MUST APPEAR
 \$25 \$50 \$100 \$250 \$ _____
 1 2 3 4 Other See Date and Time Below:
 Vendor Multiple Offense Schedule (See Reverse Side) 9

Maximum Penalty For Violation
\$ _____ or see reverse side
8:30 AM 10:30 AM 1:00 PM 2:30 PM

Date of Hearing _____ Day of _____ 200 _____
 Proceedings will be held under authority of the N.Y.C. Charter Section 1404 and the Rules of the City of New York at 15 RCNY Chapter 31.
WARNING: If you do not appear (or pay by mail if permitted) you will be held in default and subject to the maximum penalties permitted by law. Failure to appear or pay a penalty imposed may lead to suspension of your license or other action affecting licenses you now have or may apply for as well as the possibility of a judgment entered against you in Civil Court.
FURTHER INSTRUCTIONS ON REVERSE SIDE.
 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.
 RANK (TITLE) SIGNATURE OF COMPLAINANT REPORT LEVEL (Fill 4 spaces Comm'd, Sgt., Unit, etc.)
 COMPLAINANT'S NAME (Printed) TAX REGISTRY NUMBER AGENCY

No. E 157 906 870

 157 906 870

Borough
Indicates the borough where the violation occurred.

Violation Code
Computer code used internally at ECB

Place of Occurrence
Notes the location where the violation occurred

Hearing Date and Time
If you wish to have a hearing, this is the date and time you must report to the hearing office. Unless instructed otherwise (e.g., on the back of your NOV or by a notice sent to you), you can go to any ECB hearing office for your hearing.

Complainant
The name of the issuing officer and the agency that issued the NOV

Respondent

The party who the City agency names as responsible for the violation and for answering the NOV

Date of Offense / Time

Lists the date and time when the violation occurred.

Section / Rule

Indicates the code / rule / section of law violated

Details of Violation

Provides a description of the violation

Mail-in Penalty

If you are eligible to pay your penalty without a hearing, a dollar amount will be written in.

If you are not eligible to pay your penalty without a hearing, the field will contain: "No Mail-in Penalty, You Must Appear."

Hearing Date and Time

If you wish to have a hearing, this is the date and time you must report to the hearing office.

Number

Your NOV number

ENVIRONMENTAL CONTROL BOARD • NOTICE OF VIOLATION AND HEARING • FOR CIVIL PENALTIES ONLY
City of New York, Petitioner vs Respondent:

LAST NAME	FIRST NAME	INITIAL	SEX
STREET ADDRESS			
CITY		STATE	ZIP
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
SECTION / RULE				
GENERAL DESCRIPTION OF SECTION / RULE				
PLACE OF OCCURRENCE				
DETAILS OF VIOLATION				
MAIL-IN PENALTY		PROPERTY TYPE	MAXIMUM PENALTY FOR VIOLATION	
DATE AND TIME OF HEARING		LOCATION		

Proceedings will be held under the authority of the N.Y.C. Charter Section 1404 and the Rules of the City of New York at 15 RCNY Chapter 31.

WARNING: If you do not appear (or pay by mail if permitted) you will be held in default and subject to the maximum penalties permitted by law. Failure to appear or pay a penalty imposed may lead to suspension of your license or other action affecting licensees you now have or may apply for as well as the possibility of a judgement entered against you in Civil Court. **FURTHER INSTRUCTIONS ON THE REVERSE SIDE.**

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
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E155 542 512



Borough

Indicates the borough where the violation occurred.

Violation Code

Computer code used internally at ECB

Place of Occurrence

Notes the location where the violation occurred

Hearing Location

If you wish to have a hearing, this field will indicate the hearing office to go to for your hearing. If "At any location" is in this field, you may go to any ECB hearing office for your hearing.

Complainant

The name of the issuing officer and the agency that issued the NOV