

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																																																				
<table border="0" style="width:100%;"> <tr> <td colspan="6">TYPE OF LICENSE / PERMIT OR IDENTIFICATION NUMBER</td> <td colspan="3">7 <input type="checkbox"/> Cert. of Auth.</td> <td colspan="3">ISSUED BY</td> </tr> <tr> <td>1 <input type="checkbox"/> Consumer Affairs License</td> <td>4 <input type="checkbox"/> Vehicle Plate</td> <td>8 <input type="checkbox"/> Build Reg. No.</td> <td colspan="3"></td> <td colspan="3"></td> <td colspan="3"></td> </tr> <tr> <td>2 <input type="checkbox"/> Health Dept. License</td> <td>5 <input type="checkbox"/> Meter Number</td> <td>9 <input type="checkbox"/> Telephone No.</td> <td colspan="3"></td> <td colspan="3"></td> <td colspan="3"></td> </tr> <tr> <td>3 <input type="checkbox"/> Motorist Identification</td> <td>6 <input type="checkbox"/> Soc. Sec. No.</td> <td>10 <input type="checkbox"/> Other</td> <td colspan="3"></td> <td colspan="3"></td> <td colspan="3"></td> </tr> </table>													TYPE OF LICENSE / PERMIT OR IDENTIFICATION NUMBER						7 <input type="checkbox"/> Cert. of Auth.			ISSUED BY			1 <input type="checkbox"/> Consumer Affairs License	4 <input type="checkbox"/> Vehicle Plate	8 <input type="checkbox"/> Build Reg. No.										2 <input type="checkbox"/> Health Dept. License	5 <input type="checkbox"/> Meter Number	9 <input type="checkbox"/> Telephone No.										3 <input type="checkbox"/> Motorist Identification	6 <input type="checkbox"/> Soc. Sec. No.	10 <input type="checkbox"/> Other									
TYPE OF LICENSE / PERMIT OR IDENTIFICATION NUMBER						7 <input type="checkbox"/> Cert. of Auth.			ISSUED BY																																																			
1 <input type="checkbox"/> Consumer Affairs License	4 <input type="checkbox"/> Vehicle Plate	8 <input type="checkbox"/> Build Reg. No.																																																										
2 <input type="checkbox"/> Health Dept. License	5 <input type="checkbox"/> Meter Number	9 <input type="checkbox"/> Telephone No.																																																										
3 <input type="checkbox"/> Motorist Identification	6 <input type="checkbox"/> Soc. Sec. No.	10 <input type="checkbox"/> Other																																																										
NOTICE ALSO SENT TO					FIRST NAME				INITIAL																																																			
LAST NAME																																																												
STREET ADDRESS																																																												
CITY				STATE				ZIP																																																				

Date of Offense	AM <input type="checkbox"/>	Time	PM <input type="checkbox"/>	Borough					CB NO.	Violation Code		
/ /				M	Bx	Bkln	Q	SI				

The Respondent is charged with violation of the following Law or Rule:

NYC ADMINISTRATIVE CODE/RULES OF THE CITY OF NEW YORK

- | | | |
|---|---|--|
| 1. <input type="checkbox"/> "Air Code" Provisions | 5. <input type="checkbox"/> Sanitation Provisions | 9. <input type="checkbox"/> Park Rules |
| 2. <input type="checkbox"/> "Noise Code" Provisions | 6. <input type="checkbox"/> General Vendor Provisions | 10. <input type="checkbox"/> Other |
| 3. <input type="checkbox"/> "Water Code" Provisions | 7. <input type="checkbox"/> Food Vendor Provisions | |
| 4. <input type="checkbox"/> "Sewer Code" Provisions | 8. <input type="checkbox"/> Transportation Provisions | |

OTHER CODES

- | |
|---|
| 11. <input type="checkbox"/> NYS Public Health Law |
| 12. <input type="checkbox"/> NYC Health Code Provisions |
| 13. <input type="checkbox"/> NYS VTL |
| 14. <input type="checkbox"/> Other |

SECTION/RULE

At <input type="checkbox"/>	Front of <input type="checkbox"/>	Opposite <input type="checkbox"/>	Place of Occurrence
-----------------------------	-----------------------------------	-----------------------------------	---------------------

DETAILS OF VIOLATION

Property Removed <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> ALTERNATIVE SERVICE		
		1 <input type="checkbox"/> 1-2 Family	2 <input type="checkbox"/> Multiple Dwelling	3 <input type="checkbox"/> Commercial
Mail-In Penalty Schedule \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$ _____ Other <input type="checkbox"/> 9		<input type="checkbox"/> NO MAIL-IN PENALTY. YOU MUST APPEAR. See Date and Time Below:		
Vendor Multiple Offense Schedule (See Reverse Side)		Maximum Penalty For Violation \$ _____ or see reverse side		
Date of Hearing _____ Day of _____		8:30 AM	10:30 AM	1:00 PM
		1	2	3

Section 1049-a of the NYC Charter and the Rules of the City of New York allow the Environmental Control Board to hold hearings. **For Hearing options see other side.**

WARNING: If you do not have a hearing (or pay by mail if permitted), the ticket will be decided against you and you will have to pay a fine. You may also have a license taken away or a new license request denied. The City may also go to Court and enter a judgment against you. **See other side for more instructions.**

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, Sqd, Unit, etc.)							
COMPLAINANT'S NAME (Printed)					TAX REGISTRY NUMBER				AGENCY			

No. E 000 000 000



ECB