

**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="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="7">TYPE OF LICENSE / PERMIT OR IDENTIFICATION NUMBER</td> <td colspan="3">7 <input type="checkbox"/> Cert. of Auth.</td> <td colspan="3" rowspan="4">ISSUED BY</td> </tr> <tr> <td colspan="2">1 <input type="checkbox"/> Consumer Affairs License</td> <td colspan="2">4 <input type="checkbox"/> Vehicle Plate</td> <td colspan="2">8 <input type="checkbox"/> Build Reg. No.</td> <td colspan="3"></td> </tr> <tr> <td colspan="2">2 <input type="checkbox"/> Health Dept. License</td> <td colspan="2">5 <input type="checkbox"/> Meter Number</td> <td colspan="2">9 <input type="checkbox"/> Telephone No.</td> <td colspan="3"></td> </tr> <tr> <td colspan="2">3 <input type="checkbox"/> Motorist Identification</td> <td colspan="2">6 <input type="checkbox"/> Soc. Sec. No.</td> <td colspan="2">10 <input type="checkbox"/> Other</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				
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Date of Offense	AM	Time	PM	Borough					CB NO.	Violation Code		
/ /	<input type="checkbox"/>		<input type="checkbox"/>	M	Bx	Bkln	Q	SI				

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

<b>NYC ADMINISTRATIVE CODE/RULES OF THE CITY OF NEW YORK</b>						<b>OTHER CODES</b>					
1. <input type="checkbox"/> "Air Code" Provisions		5. <input type="checkbox"/> Sanitation Provisions		9. <input type="checkbox"/> Park Rules		11. <input type="checkbox"/> NYS Public Health Law					
2. <input type="checkbox"/> "Noise Code" Provisions		6. <input type="checkbox"/> General Vendor Provisions		10. <input type="checkbox"/> Other		12. <input type="checkbox"/> NYC Health Code Provisions					
3. <input type="checkbox"/> "Water Code" Provisions		7. <input type="checkbox"/> Food Vendor Provisions				13. <input type="checkbox"/> NYS VTL					
4. <input type="checkbox"/> "Sewer Code" Provisions		8. <input type="checkbox"/> Transportation Provisions				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	
<b>Mail-In Penalty Schedule</b>						<b>Maximum Penalty For Violation</b>	
\$25		\$50		\$100		\$250	
1 <input type="checkbox"/>		2 <input type="checkbox"/>		3 <input type="checkbox"/>		4 <input type="checkbox"/>	
Vendor Multiple Offense Schedule (See Reverse Side) <input type="checkbox"/> 9						<input type="checkbox"/> NO MAIL-IN PENALTY. YOU MUST APPEAR. <b>See Date and Time Below:</b>	
						\$ _____	
						or see reverse side	
8:30 AM		10:30 AM		1:00 PM		2:30 PM	
1		2		3		4	
<b>Date of Hearing</b> _____ Day of _____							

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