

sanitation

COMPLAINT FORM / AFFIDAVIT

State o	f New York)					
County	of	} SS:					
. <u> </u>			, being du	ıly sworn, depose	es and says:		
1.	I reside at	PRINT FULL NAME) (STREET ADDRES	-		(CITY)		
2.	I am employed	(STREET ADDRES				(STATE)	(ZIP CODE)
3.	Phone: Work ()		(NAME AND ADDRES			
4.	My e-mail address is (If you do not have an e-mail address, please indicate "None").						
5.	(Fill out if under 18 years of age) I amyears old. My birthdate is,						
6.		ly a.m. / p.m. on e of certain offensive mat		, l person	ally observe	d a dump truck	or other vehicle
(AMOU	NT)	(DESCRIBE MATERIAL)	(Fı	rom where the material	l was removed fro	om vehicle EX. Passen	ger door, Trunk Etc.)
	(AD	DRESS / LOCATION)		<i>y</i>		(BOROUGH)	·
The true	ck or vehicle had a	a(n)license plate n	٥٦	This truck or vehi	cle was a(n)_	(MAKE, MODEL, COLOR,	TYPE, SIZE, ETC.)
7.	enforcement act	peing furnished to the Dep ion is appropriate after D elieved to be relevant with	epartment Inves	tigation as to ow	nership of th	-	
8.		t if a legal procedure is co e to appear as a witness ir Sanitation.	-				
9.	I request this cas	se be assigned for adjudic	ation in:				
		Manhattan	Brooklyn	Queens	Staten I	sland Br	onx
		8:30 a.m.	10:30 a.	m1:00) p.m	2:30 p.m.	
10.		lable at the above telepho ore, I request call standby		nd if called agree	to appear in	OATH court wi	thin 2 hours of bein
				(СНЕСК)	(SIG	N)	
(Note: 0	Only available for	8:30 a.m., 10:30 p.m., ar	nd 1:00 p.m. app	earance times)			
Swornt	to before me						
	Thisd	ay of	, 20	<u>.</u>		E OF COMPLAINANT)	
				•			·
New York	c's Stronaest	(SIGNATURE OF NOTARY PUBLIC)			(SIGNATUR	E OF COMPLAINANT)	Illeaal Dumpina Affidavi