

**DEPARTMENT OF NEIGHBORHOOD
EMPOWERMENT WITNESS STATEMENT FORM**

FOR DEPT USE ONLY
Grievance # _____
Witness Form # _____

Witness Name: Arline Simon Contact Number: 818-506-5535

Mailing Address: 6114 Laurelgrove Ave Email: marcus6114@aol.com
North Hollywood, CA 91606

Grievances are defined as set forth in the Los Angeles Administrative Code Section 22.818.


"The following information contained herein is within my own personal knowledge and relates only to facts and circumstances surrounding the Grievance submitted by Walter Hall on 6/14/16 regarding Mid Town North Hollywood Neighborhood Council."

At the June 2, 2016, Public Comment and discussion was not allowed on the MTNHNC's PLUHT Agenda Item #3.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 6/14/16

Name: Arline Simon

Signature: 

Department Review

Date witness form received: _____ Date witness form reviewed: _____

Witness form reviewed by: _____ Grievance number: _____