

**DEPARTMENT OF NEIGHBORHOOD
EMPOWERMENT WITNESS STATEMENT FORM**

FOR DEPT USE ONLY

Grievance # _____
Witness Form # _____

Witness Name: Valere Diamond Contact Number: 818-752-0789

Mailing Address: 5842 Radford Ave Email: diamondval@sbcglobal.net
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 Barbara Nance 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: Valere Diamond Signature: Valere Dia D

Department Review

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

Witness form reviewed by: _____ Grievance number: _____