

**DEPARTMENT OF NEIGHBORHOOD
EMPOWERMENT WITNESS STATEMENT FORM**

FOR DEPT USE ONLY
Grievance # _____
Witness Form # _____

Witness Name: Walter Hall Contact Number: 818-766-3088

Mailing Address: 12301 Debby Street Email: walter.d.hall@earthlink.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 Diann Corral 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: Walter Hall Signature: Walter Hall

Department Review

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

Witness form reviewed by: _____ Grievance number: _____