

**DEPARTMENT OF NEIGHBORHOOD  
EMPOWERMENT WITNESS STATEMENT FORM**

FOR DEPT USE ONLY

Grievance # \_\_\_\_\_  
Witness Form # \_\_\_\_\_

Witness Name: Barbara Nance Contact Number: 818-985-5900

Mailing Address: 6240 Agnes Ave Email: kenandbarbe@att.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: Barbara Nance

Signature: \_\_\_\_\_



**Department Review**

Date witness form received: \_\_\_\_\_ Date witness form reviewed: \_\_\_\_\_

Witness form reviewed by: \_\_\_\_\_ Grievance number: \_\_\_\_\_