## DEPARTMENT OF NEIGHBORHOOD EMPOWERMENT WITNESS STATEMENT FORM

FOR DEPT USE ONLY

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

		040.005.5000
Witness Name:	NAME OF THE OWNER OWNER OF THE OWNER	Contact Number: 818 985 5900
Mailing Address:	6240 Agnes Avenue	Email: kenandbarb@att.net
	North Hollywood, CA 91606	
Grievances are d	lefined as set forth in the Los Ar	ngeles Administrative Code Section 22.818.
	stances surrounding the Grievan	(A)
stakeholder had a one minute imme	a statement to make, the Board ediately, very abruptly without e	the Developer any questions and when the Secretary cut people foo tht were not favorable at ven allowing them to finish their sentence. Yet the favored the developer's plan as it was.
I declare under p and correct. Date: July 26, 201		s of the State of California that the foregoing is true
Name: Ken Bryan	t	Signature: DWOW
	Departn	nent Review
Date witness for	m received:	Date witness form reviewed:
Witness form rev		Grievance number: