

**DEPARTMENT OF NEIGHBORHOOD
EMPOWERMENT WITNESS STATEMENT FORM**

FOR DEPT USE ONLY

Challenge # _____
Witness Form # _____

Witness Name: _____ Contact Number: _____

Mailing Address: _____ Email: _____

Challenges are covered 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 Election Challenge submitted by _____ on _____ regarding _____ Neighborhood Council.”

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I understand that all information on this form is public record.

Date: _____

Name: _____ Signature: _____

Department Review

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

Witness form reviewed by: _____ Grievance number: _____