WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: _____

Name: _____

Are you representing: Yourself ☐ Organization ☐

Organization (If Applicable): _____

Position/Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Best Contact Telephone: _____ Email: _____

Do you wish to be added to the committee notice email distribution list? Yes ☐ No ☐

Business before the committee

Legislation (Bill/Resolution Number): _____

Specific Issue: _____

Are you testifying as a: Proponent ☐ Opponent ☐ Interested Party ☐

Will you have a written statement, visual aids, or other material to distribute? Yes ☐ No ☐

(If yes, please send an electronic version of the documents, if possible, to the Chair's office prior to committee. You may also submit hard copies to the Chair's staff prior to committee.)

How much time will your testimony require? _____

Please provide a brief statement on your position:

Please be advised that this form and any materials (written or otherwise) submitted or presented to this committee are records that may be requested by the public and may be published online.