



LOCAL GOVERNMENT,  
PUBLIC SAFETY AND  
VETERANS AFFAIRS  
COMMITTEE

Witness Form

Today's Date \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Organization Representing: \_\_\_\_\_

Testifying on Bill Number: \_\_\_\_\_

Testimony:    \_\_\_\_\_ Verbal        \_\_\_\_\_ Written        \_\_\_\_\_ Both

Testifying As:    \_\_\_\_\_ Proponent        \_\_\_\_\_ Opponent        \_\_\_\_\_ Interested Party

Are you a Registered Lobbyist?    \_\_\_\_\_ Yes        \_\_\_\_\_ No

Special Requests: \_\_\_\_\_