



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: _____
