

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Monday, March 18, 2019

Name: Ronald Williams

Organization (If Applicable): City of Tallmadge

Position/title: Chief of Police

Address: 53 Northeast Ave

City: Tallmadge State: OH Zip: 44278

Telephone: 330-633-4066

Email:

Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 27
- Specific issue:
- Subject matter:

Are You Testifying as a:

- Proponent:
- Opponent: X
- Interested Party:

Do you have a written statement, visual aids, or other material to distribute?

Yes X No

(If yes, please provide copies to the Chairman or Committee Clerk)

How much time will your testimony require? 5 minutes

- *Committee Chair may limit testimony in the interest of time*