

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Wednesday, February 20, 2019

Name: Robert Fowler

Organization (If Applicable): Ohio Association of Public Safety Directors

Position/title: Safety Director

Address: 4060 Columbia Woods Dr.

City: Norton State: OH Zip: 44203

Telephone: 330-201-1000

Email: adminofficer@cityofnorton.org

Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 62
- Specific issue:
- Subject matter:

Are You Testifying as a:

- Proponent:
- Opponent:
- Interested Party: X

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

Yes No X

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

How much time will your testimony require?

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