

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Tuesday, June 04, 2019

Name: Nick Owens

Organization (If Applicable):

Position/title: Prosecuting Attorney

Address: 88 Station Drive

City: Georgetown State: OH Zip: 45121

Telephone: 513-706-2634

Email: nick.owens@yahoo.com

Are You Representing: Yourself ☒ Organization

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 153
- Specific issue:
- Subject matter:

Are You Testifying as a:

- Proponent: ☒
- Opponent:
- Interested Party:

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

Yes No ☒

(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*