

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Tuesday, April 16, 2019

Name: Michael Joyce

Organization (If Applicable): Orrvilon Inc.

Position/title: Assistant General Manager

Address:

City: State: OH Zip:

Telephone: 3306849414

Email: m.joyce@orrvilon.com

Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 6
- Specific issue:
- Subject matter:

Are You Testifying as a:

- Proponent: X
- Opponent:
- 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?

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