

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Thursday, October 07, 2021

Name: Lisa Keller

Organization (If Applicable): City of Delaware

Position/title: Councilwoman

Address: South Sandusky Street

City: Delaware State: OH Zip: 43015

Telephone: 740.203.1013

Email: lkeller@delawareohio.net

Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number):
- 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 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*