

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Wednesday, May 18, 2022

Name: Ron Sallows

Organization (If Applicable): City of Powell Police Department

Position/title: Deputy Chief of Police

Address: 47 Hall Street

City: Powell State: OH Zip: 43065

Telephone: 614.885.5005

Email: rsallows@cityofpowell.us

Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 462
- 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 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*