

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 2/16/21

Name: Alyssa LaTonzee

Are you representing: Yourself Organization

Organization (If Applicable): _____

Position/Title: _____

Address: 301 Tibet Rd

City: Columbus State: OH Zip: 43202

Best Contact Telephone: 6142616947 Email: deblatonzea@yahoo.com

Do you wish to be added to the committee notice email distribution list? Yes No

Business before the committee

Legislation (Bill/Resolution Number): HB 90

Specific Issue: _____

Are you testifying as a: Proponent Opponent Interested Party

Will you have a written statement, visual aids, or other material to distribute? Yes No

(If yes, please send an electronic version of the documents, if possible, to the Chair's office prior to committee. You may also submit hard copies to the Chair's staff prior to committee.)

How much time will your testimony require? 5 minutes

Please provide a brief statement on your position:

I would like to share my story during COVID with lockdowns.

Please be advised that this form and any materials (written or otherwise) submitted or presented to this committee are records that may be requested by the public and may be published online.