

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Thursday, December 09, 2021

Name: Peggy Clark

Organization (If Applicable): Columbiana County

Position/title: EMA Director

Address: 215 S Market St

City: Lisbon State: OH Zip: 44432

Telephone: 724-312-7144

Email: peggy.clark@ccoema.org

Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 445
- Specific issue:
- Subject matter:

Are You Testifying as a:

- Proponent:
- Opponent:
- Interested Party: X

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? 15 minutes

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