

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Monday, March 21, 2022

Name: Michael Hampton

Organization (If Applicable): Springfield Township, Lucas County

Position/title: Administrator

Address: 7617 Angola Rd

City: Holland State: OH Zip: 43528

Telephone: 419-865-0239

Email: mhampton@springfieldtownship.net

Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 465
- 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? 2 minutes

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