

## Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Tuesday, October 03, 2023

Name: Cody Martin

Organization (If Applicable): Goshen Township Fire and EMS

Position/title: Captain

Address:

City: State: OH Zip:

Telephone:

Email:

Are You Representing: Yourself ☒ Organization

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 244
- Specific issue:
- Subject matter:

Are You Testifying as a:

- Proponent: ☒
- 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? 5 Minutes

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