

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 6/8/2007
Name: JEFFREY ROBINSON

Are you representing: Yourself Organization

Organization (If Applicable): _____

Position/Title: CNC MECHANIC

Address: 5606 KENNARD RD

City: SEATTLE State: OH Zip: 44073

Best Contact Telephone: 440-212-0547 Email: JEFFREY.ROBINSON71@PROTONMAIL.COM

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

Business before the committee

Legislation (Bill/Resolution Number): HR 319

Specific Issue: MEDICAL REBUTT TO REFUSE

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? _____

Please provide a brief statement on your position:
ATTACHED PDF SENT

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.

