

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Tuesday, February 06, 2024

Name: Cameron Haller

Organization (If Applicable): Tipp City Emergency Services

Position/title: Chief

Address: 502 W. Main St.

City: Tipp City State: OH Zip: 45371

Telephone: 9373135955

Email: hallerc@tippcity.net

Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 303
- 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 No X

(If yes, please provide copies to the Chairman or Committee Clerk)

How much time will your testimony require? 0

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