

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Monday, February 27, 2023

Name: James Stambaugh

Organization (If Applicable): Washington Township Fire Department

Position/title: Firefighter / EMT

Address: 6200 Eiterman Rd

City: Dublin State: OH Zip: 43016

Telephone:

Email:

Are You Representing: Yourself ☒ Organization

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 55
- 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?

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