

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Tuesday, March 04, 2025

Name: Dave Rife - White Castle Corporation

Organization (If Applicable): White Castle Corporation

Position/title: VP of Manufacturing

Address: 555 West Goodale Street

City: Columbus State: OH Zip: 43215

Telephone: 6143092478

Email: rified@whitecastle.com

Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number):
- Specific issue:
- Subject matter:

Are You Testifying as a:

- Proponent:
- Opponent:
- Interested Party: X

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?

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