

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Monday, February 10, 2025

Name: Ben Ziff

Organization (If Applicable): Hocking Athens Perry County Community Action Program

Position/title: Mobility Coordinator

Address: 3 Cardaras Drive

City: Glouster State: OH Zip: 45731

Telephone:

Email: ben.ziff@hapcap.org

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: X
- Opponent:
- Interested Party:

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? 5 minutes

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