

LOCAL GOVERNMENT, PUBLIC SAFETY AND VETERANS AFFAIRS COMMITTEE

Witness Form

				Today's Date		
Name:						
Address:						
Telephone:						
Organization Representi	ng:					
Testifying on Bill Numbe	r:					
Testimony:	Verbal		_ Written		_ Both	
Testifying As:	Proponent		_ Opponent		_ Interested Party	
Are you a Registered Lo	bbyist?	Yes	No			
Special Requests:						