

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Monday, May 08, 2017

Name: Kevin Strang

Organization (If Applicable): Ohio Rural Water Association

Position/title: Executive Director

Address: 55 Whites Rd

City: Zanesville State: OH Zip: 43701

Telephone: 740-455-3911

Email:

Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number): Am. S. B. No. 2
- 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?

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