Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Tuesday, May 16, 2017

Name: Michael Dinneen

Organization (If Applicable): Construction and Demolition Association of Ohio

Position/title: Trustee

Address:

City: State: OH Zip:

Telephone: 614-875-5500

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? 5

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