

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Wednesday, May 01, 2019

Name: Joseph Robinson

Organization (If Applicable): Constituent from Beaver

Position/title: Proponent

Address: 1401 RED HOLLOW RD

City: Beaver State: OH Zip: 45613

Telephone: 740-285-3900

Email: trk136@yahoo.com

Are You Representing: Yourself ☒ Organization

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 178
- Specific issue:
- Subject matter:

Are You Testifying as a:

- Proponent: ☒
- Opponent:
- Interested Party:

Do you have a written statement, visual aids, or other material to distribute?

Yes 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*