

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Thursday, February 17, 2022

Name: Representative Kyle Koehler

Organization (If Applicable):

Position/title:

Address: 77 S. High St

City: Columbus State: OH Zip: 43215

Telephone: 6144662038

Email: Kyle.Koehler@ohiohouse.gov

Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 496
- 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

(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*