



**STATE AND LOCAL GOVERNMENT
AND VETERANS' AFFAIRS
COMMITTEE**

WITNESS FORM

Today's Date: _____

Name: _____

Address: _____

Telephone: _____

Representing: _____

Testifying on bill number: _____

Testifying as: Proponent

Opponent

Interested Party

Are you a registered lobbyist? YES NO

Are you submitting written testimony? YES NO

Comments: _____
