



FINANCE AND APPROPRIATIONS COMMITTEE WITNESS INFORMATION FORM

PLEASE COMPLETE THE WITNESS INFORMATION FORM BEFORE TESTIFYING

DATE OF TESTIMONY: _____

NAME: _____

ORGANIZATION: _____

(IF APPLICABLE)

POSITION/TITLE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____

ARE YOU REPRESENTING: YOURSELF _____ ORGANIZATION _____

DO YOU WISH TO TESTIFY ON
LEGISLATION (BILL NUMBER): _____

SPECIFIC ISSUE: _____

SUBJECT MATTER: _____

DO YOU FAVOR _____ OR OPPOSE _____ THE ENACTMENT OF LEGISLATION REGARDING THIS ISSUE?

PLEASE GIVE A BRIEF STATEMENT OF THE GROUNDS ON WHICH YOU FAVOR OR OPPOSE SUCH ENACTMENT:

WILL YOU HAVE A WRITTEN STATEMENT, VISUAL AIDS, OR OTHER MATERIAL TO DISTRIBUTE?

YES _____ NO _____

(IF YES, PLEASE PROVIDE COPIES TO THE CHAIRMAN OR SECRETARY)

HOW MUCH TIME WILL YOUR TESTIMONY REQUIRE? _____