

**WITNESS INFORMATION FORM**  
**HOUSE PUBLIC UTILITIES COMMITTEE**  
**REPRESENTATIVE JAMIE CALLENDER, CHAIRMAN**

PLEASE COMPLETE THE WITNESS INFORMATION FORM BEFORE TESTIFYING

DATE: \_\_\_\_\_

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: \_\_\_\_\_

PLEASE INDICATE YOUR POSITION ON THE BILL  
PROPONENT: \_\_\_\_\_  
OPPONENT: \_\_\_\_\_  
INTERESTED PARTY: \_\_\_\_\_

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? \_\_\_\_\_