

MISSOURI HOUSE OF REPRESENTATIVES WITNESS APPEARANCE FORM

PLEASE PRINT OR TYPE

BILL NUMBER House Bill 136	DATE	
COMMITTEE NAME Special Committee on Government Oversight		
TESTIFYING (check only one) X IN SUPPORT OF IN OPPOSITION TO	☐ FOR INFORMAT	IONAL PURPOSES
WITNESS INFORMATION		
Please complete ONE of the following sections.		
INDIVIDUAL: If testifying only on behalf of yourself, please complete this section. WITNESS NAME	PHONE NUMBER	
HOME ADDRESS	<u> </u>	
CITY	STATE MO	ZIP
BUSINESS/ORGANIZATION: If officially testifying on behalf of a business of witness NAME	or organization, please co	mplete this section.
BUSINESS/ORGANIZATION NAME	PHONE NUMBER	
ADDRESS		
CITY	STATE	ZIP
REGISTERED LOBBYIST: If registered with the Missouri Ethics Commission organization, or government agency, please complete this section.	and testifying on behalf	of a business,
WITNESS NAME	PHONE NUMBER	
BUSINESS, ORGANIZATION, OR GOVERNMENT AGENCY NAME AS REGISTERED WITH THE COMMISSION (Do not use acronyms.)		
ADDRESS		
CITY	STATE	ZIP
TESTIMONY		
PLEASE SUMMARIZE VERY BRIEFLY THE TESTIMONY TO BE PRESENTED. IF V ATTACH A COPY.	RITTEN TESTIMONY IS	AVAILABLE,
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THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.