

## **PLEASE PRINT OR TYPE**

BILL NUMBER	DATE	
COMMITTEE NAME		
TESTIFYING (check only one) IN SUPPORT OF IN OPPOSITION TO	☐ FOR INFORMATIONAL 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		
CITY	STATE	ZIP
BUSINESS/ORGANIZATION: If officially testifying on behalf of a business or organization, please complete this section.		
WITNESS NAME	TITLE	
BUSINESS/ORGANIZATION NAME	PHONE NUMBER	
ADDRESS		
CITY	STATE	ZIP
<b>REGISTERED LOBBYIST</b> : If registered with the Missouri Ethics Commission and testifying on behalf of a business, organization, or government agency, please complete this section.		
WITNESS NAME	PHONE NUMBER	
BUSINESS, ORGANIZATION, OR GOVERNMENT AGENCY NAME AS REGISTERED WITH THE COMMISSION (Do <u>not</u> use acronyms.)		
ADDRESS		
CITY	STATE	ZIP
TESTIMONY		
PLEASE SUMMARIZE VERY BRIEFLY THE TESTIMONY TO BE PRESENTED. IF WRITTEN TESTIMONY IS AVAILABLE,		
ATTACH A COPY.		

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.