



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

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
------	-------	-----

REGISTERED LOBBYIST: 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 not 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.