



PLEASE FILL OUT THE ENTIRE FORM AND SUBMIT TWO COPIES
TO THE COUNCIL/COMMITTEE ADMINISTRATIVE ASSISTANT AT
THE MEETING

TYPE OR PRINT CLEARLY

COUNCIL/COMMITTEE APPEARANCE RECORD

Bill Number _____ **Date** _____

Name _____

Title _____

Address _____

City _____ **State/Zip** _____

Phone Number _____

Representing _____

Lobbyist (registered) **YES** **NO**

State Employee **YES** **NO**

If you are testifying regarding an amendment, please indicate if your position as a
proponent or an opponent is the same as on the bill as a whole.

			<u>Amendment</u>	<u>Bill</u>
I wish to speak	<input type="checkbox"/>	Proponent	<input type="checkbox"/>	<input type="checkbox"/>
I have been requested to speak	<input type="checkbox"/>	Opponent	<input type="checkbox"/>	<input type="checkbox"/>
		Information	<input type="checkbox"/>	<input type="checkbox"/>

Subject matter: _____

Council/Committee: _____