



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

Staff Only (did not appear)

BILL NUMBER	DATE
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COMMITTEE NAME
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TESTIFYING (check only one)  IN SUPPORT OF  IN OPPOSITION TO  FOR INFORMATIONAL PURPOSES

**WITNESS INFORMATION- Fully Complete only ONE of the following sections.**

**REGISTERED LOBBYIST:** If registered with the Missouri Ethics Commission and testifying on behalf of a business, organization, or government agency, please fully complete this section.

WITNESS NAME	PHONE NUMBER
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BUSINESS, ORGANIZATION OR GOVERNMENT AGENCY AS REGISTERED WITH THE COMMISSION (Do <b>not</b> use acronyms)
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ADDRESS
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CITY	STATE	ZIP
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**BUSINESS/ORGANIZATION:** If officially testifying on behalf of a business or organization, please fully complete this section.

WITNESS NAME	TITLE
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BUSINESS/ORGANIZATION NAME (Do <b>not</b> use acronyms)	PHONE NUMBER
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ADDRESS
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CITY	STATE	ZIP
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**INDIVIDUAL:** If testifying only on behalf of yourself, please fully complete this section.

WITNESS NAME	PHONE NUMBER
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ADDRESS
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CITY	STATE	ZIP
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**TESTIMONY**

PLEASE SUMMARIZE VERY BRIEFLY THE TESTIMONY TO BE PRESENTED. **IF WRITTEN TESTIMONY IS AVAILABLE, ATTACH A COPY.**

**SIGNATURE**

I affirm that my testimony (oral or written) is true and correct.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

*A witness who provides false testimony may be subject to criminal prosecution for perjury or other offenses, or contempt proceedings pursuant to Article III, Section 18 of the Missouri Constitution.*

**THE INFORMATION ON THIS FORM MAY BE PUBLIC RECORD UNDER CHAPTER 610, RSMo.**