

Filling Out A Witness Slip



RECORD OF COMMITTEE WITNESS - ILLINOIS HOUSE OF REPRESENTATIVES

HB 4832 Appropriations-Human Services Committee Committee
BILL OR RESOLUTION NUMBER Thursday, March 24, 2022 8:00 AM
Other (Subject Matter): Unavailable

I. IDENTIFICATION

All fields are required unless noted as optional.

Name: **Your Name**
Address: **Your Address**
City: [] State: IL Zip: []
Firm/Business Or Agency: **Self**
Title: **Self**
Email: **Your Email**
(A confirmation email will be sent if email address is provided.)
Phone: **Your Phone Number**
Fax (Optional): [] - [] - []

II. REPRESENTATION

This section is to be filled if the witness is appearing on behalf of a group, organization or other entity.

Persons, groups firms represented in this appearance:
Self

III. POSITION

Select your position(s) on the legislative items.

Description: Original Bill

Proponent Opponent No Position On Merits

IV. TESTIMONY

Select the testimony types that you will supply for the hearing. (Check all that apply)

Oral Written Statement Filed Record Of Appearance Only

Please Agree to the Terms Of Agreement
 I Agree to the ILGA [Terms of Agreement](#).

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Create(Slip)