



**OHIO REDISTRICTING COMMISSION**

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**Please complete the Witness & Media Information Form before testifying/recording**

Date of hearing/meeting: \_\_\_\_\_ Location: \_\_\_\_\_

Name: \_\_\_\_\_

Are you representing:                      Yourself:                       Organization:

Organization (If Applicable): \_\_\_\_\_

Position/Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

Will you have a written statement, visual aids, or other material to distribute?

Yes:                       No:                       (If yes, please provide written or electronic copies to the co-chair)

*Please be advised that witnesses may be asked to limit their testimony in the interest of other witnesses and time constraints of the Commission and pursuant to Commission rules.*

**Media Only**

If you are present on behalf of a media organization, please indicate your request to record:

Audio record:                       Video record:                       Broadcast/Streaming:

*Please be advised that this form and any materials (written or otherwise) submitted or presented to this Commission are records that may be requested by the public and may be published online.*