

ASSEMBLY STATE AND LOCAL GOVERNMENT COMMITTEE

DATE: 3-20-75

NAME Jim Sullivan

ORGANIZATION REPRESENTED (if any) ACLU-NJ

MAIL (OPTIONAL)

ADDRESS (OPTIONAL)

TELEPHONE (OPTIONAL)

WISH TO SPEAK ON BILL NUMBER ~~A5356~~ A5356

PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP

IN FAVOR ☐

OPPOSED



Speaker will be accorded an opportunity to testify at the Chair's discretion.

NO NEED TO TESTIFY



Please give this completed form to the Committee aide prior to the start of the meeting along with copies of any prepared statement.

THIS FORM IS A GOVERNMENT RECORD AND WILL BE AVAILABLE TO THE PUBLIC UPON REQUEST.