



**Public testimony work sheet.**

**Name:**

**Street Address:**

**City/Town:**

**Phone Number/e-mail:**

**Specific Legislation: Support or Oppose**

**Bill Number/Name**

**Support    Oppose**

**Bill Number/Name**

**Support    Oppose**

**Bill Number/Name**

**Support    Oppose**

**Bill Number/Name**

**Support    Oppose**

**I would Suggest These Changes to Massachusetts Gun Laws:**

- 1.
- 2.
- 3.
- 4.

**My personal experience with Massachusetts Gun Laws:**