WITNESS REGISTRATION

Committee Name:_	HREV	
Public Hearing on:_	HB 2539	Date: $2/9/20//$
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Please register if you wish to testify on the above named measure/issue. *Please print legibly.*

Name and Organization <u>or</u> County of Residence	Phone # (Optional)	Do you live more than 100 miles from this meeting location?		Position			Are you submitting written testimony?	
PLEASE PRINT LEGIBLY	(-1/	Yes	No	For	Against	Neutral	Yes	No
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Revised 04/04

Committee Services