## WITNESS REGISTRATION

Committee Name:_	HREV	
~ ∠ublic Hearing on:_	HB 2565	Date: <u> </u>
Please register if you wish t	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?	
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for John M' Calley Ag Co-of Counil of Only			×	X			X	
David Buck AKT			У	X				
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Committee Services							Revise	d 04/0

**WITNESS REGISTRATION** 

Committee Name:	HREV	
ublic Hearing on:	4.15	Date:///////

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	(	Yes	No	For	Against	Neutral	Yes	No
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