WITNESS REGISTRATION

Committee Name: HREV	
Public Hearing on: HB 3058	Date: <u> </u>
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 PLEASE PRINT LEGIBLY	Phone #	Do you live more than 100 miles from this meeting location?		Position			Are you submitting written testimony?	
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Yes	No	For	Against	Neutral	Yes	No
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mmittee Services							Revise	d 04/0

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	PLEASE PRINT LEGIBLY	Сорисии	Yes	No	For	Against	Neutral	Yes	No
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_	Committee Services							Revise	d 04/04