WITNESS REGISTRATION

Committee Name:	HREV	
Public Hearing on:	HB 2564	Date: 2/16/11

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
GENON INGMM,							. ,	
JIM DEDOK-OR VOL. F.F. ASSNI				X			X	
NICOL ALMSAMIG ON PRE CHIEFS							X	
ON FIRE CHIEFS							<u> </u>	
	:							

Committee Services

WITNESS REGISTRATION

Committee Name:	HREV	
ublic Hearing on:_	HB 2564	Date: 2/16///

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Revised 04/04

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	(Optional)	Yes No		For	Against	Neutral	Yes	No
GENOA INGNAM, JAM DEDER-OR VOL. F.F. ASSN,				X			X	
STIPOL ALMSAMS ON FAE CHIEFS							X	
						1		N .
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