WITNESS REGISTRATION

Committee Name: HREV	
Public Hearing on: HB 2548	Date:2/2////
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)	than 10	ive more o miles this ting tion?		Position		Are submi writ testin	itting Iten
PLEASE PRINT LEGIBLY	()	Yes	No	For	Against	Neutral	Yes	No
DEBRA KEN BUCHANAN ROSS			×-					X
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Committee Services							Revise	ed 04/04

WITNESS REGISTRATION

Committee Name:	HREV	
Public Hearing on:	HB 2548	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	(475.01141)	Yes	No	For	Against	Neutral	Yes	No
DEBRA /KEN/ BUCHANAN/POSS			×					X
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Committee Services

Revised 04/04