WITNESS REGISTRATION

Committee Name: $HREV$	
rublic Hearing on: 58 30 (-A	Date: 2/24///
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 # (Optional)	Do you live more than 100 miles from this meeting location?		Position			Are you submitting written testimony?	
		Yes	No	For	Against	Neutral	Yes	No
John Mullin								
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Committee Services

Revised 04/04

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	PLEASE PRINT LEGIBLY		Yes	No	For	Against	Neutral	Yes	No
	John Millin								
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