WITNESS REGISTRATION

Committee Name:_	HREV	
Public Hearing on:_	HB 3253	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
	SIL RIDDELL								X
_	ASSN OR COUNTIES								
	Hancy Benne H								
/	Multinomah Canly			X					
	ASSN OR COUNTIES Alancy Bennett Multnoman Canly Pavid Barmbers			7.3					0
/	CHY of Portland			X					
	2								
	REP. LEVAND								

Committee Services

Revised 04/04