WITNESS REGISTRATION

Committee Name: FREV	
Jublic Hearing on: HTR 19	Date: 3/9/2011
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?			Are you submitting written testimony?			
	PLEASE PRINT LEGIBLY	(opuonar)	Yes	No	For	Against	Neutral	Yes	No
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Committee Services

Revised 04/04

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	PLEASE PRINT LEGIBLY	(GP	Yes	No	For	Against	Neutral	Yes	No
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