PUBLIC RECORD

WITNESS REGISTRATION

Olegon State Leg	ISIALUIG	110-111-1	1 200 - 01	1 1	
Committee Name:	Sende	traith	are 9	Muman	Service)

Public Hearing on:

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
Nellie De VRIES, DREDON RESTAURANT								
Deborah Katoury Commosioner								
Debozan Kafaly, Commosioner Ben Duncan, Multhomah Counte Health Departmen Bruce Head, Oregon Fest Control								
Bruce Head, Oregon Fest Control								
ASSO.								