WITNESS REGISTRATION

Committee Name:_	SCHATE	FINANCE	AND	REVERTUE	
Public Hearing on:	SB 187			Date: 2/11 (17	
Please register if you wish	to testify on the abo	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
Ken Ross DOR								
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ommittee Services							Revise	ed 04/0-