PUBLIC RECORD Oregon State Legislature

WITNESS REGISTRATION

Committee Name: House	Veterans'	Services +	Emergency	Preparedness		
Public Hearing on:	SM [Date:	4-9-13		

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