## PUBLIC RECORD

## Oregon State Legislature WITNESS REGISTRATION

Committee Name: <u></u>	touse	Veterans"	Services + E	gner	gency	Preparedness
Public Hearing on:	SB	32	Da	ate:	4-9-	(3

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	(0)	Yes	No	For	Against	Neutral	Yes	No
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Committee Services

Revised 04/04