WITNESS REGISTRATION

Committee Name: House Committee	on Révenue
Public Hearing on: #B 3/27	Date: 4 - 15 - 2013
Please register if you wish to testify on the above named m	neasure/issue. <i>Please print legibly.</i>

Name and Organization <u>or</u> County of Residence PLEASE PRINT LEGIBLY	Phone # (Optional)	Do you live more than 100 miles from this meeting location?		Position			Are you submitting written testimony?	
		Yes	No	For	Against	Neutral	Yes	No
Teresa Christopherson, County Social Services			X	X			X	
Leanna Ponevitz, REP. TEFF OFFICE			X	×				×
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Committee Services							Revisa	