## **WITNESS REGISTRATION**

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
	Gruie Smith OARP			X	X			X	
	Adele Bostwick OANP			×	X			X	
,	John Shilty -DCBS/WCD	(503) 947- 7551		X			X		X
C	Committee Services	1	,					Revise	ed 04/04