Committee Services

WITNESS REGISTRATION

Public Hearing on:

Please register if you wish to testify on the above named measure/issue.

Please print legibly.

Revised 04/04

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
David Gerstenfeld			×	X			X	
Employment Dept.			1					
David Gerstenfeld Employment Dept. Fason Erschoffer		_					E	