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
1	Hal Gard	503 9864077		V			V		
	Hal Gard Rep. Normanson	563 986-1415		/	/				