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
	Alec Shebiel America Insuranu NosiN Nationwide	303 750 1019		$\times$	X			$\times$	
	Kim Thatches			X-10	X				
-	Rep. Davis							6	
4									
									(F)
	Committee Services							Revise	d 04/04