PUBLIC RECORD

WITNESS REGISTRATION

Oregon State Legislature
Committee Name:

Public Hearing on: ____

Please register if you wish to testify on the above named measure/issue. 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
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	(Optional)	Phone # (Optional) than 10 from mee local Yes	Phone # (Optional) than 100 miles from this meeting location? Yes No	Phone # (Optional) than 100 miles from this meeting location? Yes No For	Phone # (Optional) than 100 miles from this meeting location? Yes No For Against	Phone # (Optional) than 100 miles from this meeting location? Yes No For Against Neutral	Phone # (Optional) than 100 miles from this meeting location? Yes No For Against Neutral Yes