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.

Name and Organization <u>or</u> County of Residence 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
Laura Leebrick cregon Refuse-Recycling Association	739- 139-			V				
Kristin Leichner Pride Disposal	503-625- 0177			V				V
Emily Ackland (AOC)			V					
V								
							×	