PUBLIC RECORD WITNESS REGISTRATION egon State Legisla J. BICINECO Committee Name: Public Hearing on:__ Date:_

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
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Committee Services