## **WITNESS REGISTRATION**

Revised 04/04

Committee Name:

Public Hearing on: HB

Committee Services

Please register if you wish to testify on the above named measure/issue. Please print legibly.

F	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
	LARRY HARVEY			X				X	
١	LARRY HARVEY  John Sh; 145  (503) 947-7551			X			X		X
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