WITNESS REGISTRATION

Committee Name: S66 CP

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
DARRELL FULER								
DARRELL FULER Amy Voyce, ODOT Rep Nathanson.			/			/	/	
Rep Nathanson.								
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