Public Hearing on:

Communities + Economic Development Committee Name: V

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

Please print legibly.

Date:

| Name<br>and<br>Organization <u>or</u> County of Residence<br>PLEASE PRINT LEGIBLY | Phone #<br>(Optional) | Do you live more<br>than 100 miles<br>from this<br>meeting<br>location? |    | Position |         |         | Are you submitting written testimony? |    |
|---|-----------------------|---|----|----------|---------|---------|---------------------------------------|----|
|   |                       | Yes   | No | For      | Against | Neutral | Yes                                   | No |
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