**PUBLIC RECORD** 

## **ITNESS REGISTRATION**

12

Oregon State Legislature
Committee Name:

າ ຝolic Hearing on:\_\_

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

Please print legibly.

Name and Organization or 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
SEN, OLSEN								