**PUBLIC RECORD** 

## WITNESS REGISTRATION

Oragon State Lagislatura

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Committee Name:	SVET

ເພດlic 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