PUBLIC RECORD

WITNESS REGISTRATION

Oregon State Legislature Committee Name:

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	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
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Committee Services

Revised 04/04