PUBLIC RECORD

Oregon State Legislature Committee Name:____

Public Hearing on:_

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

Phone #	Do you live more than 100 miles from this meeting location?		Position			Are you submitting written testimony?	
	Yes	No	For	Against	Neutral	Yes	No
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	Phone # (Optional)	Phone # med loca	Phone # meeting location?	Phone # meeting location?	Phone # meeting location?	Phone # meeting (Optional) location?	Phone # meeting testin (Optional) location?