ublic Hearing on:HJM_3				Date: 3[5]13					
ase register if you wish to testify on the above	e named measu	re/issue.	Plea	ase p	print	egib	<u>ly.</u>		
Name and Organization <u>or</u> 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	
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Committee Services

Revised 04/04