WITNESS REGISTRATION

Committee Name: Senate Business 4

Public Hearing on: SB Date:

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 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
GATTY BAUER No NATURAL								12
JASON EISDORFER								سنا
Public Utility Comm'n								
Public Utility Comm'n Jeff Bissonness								
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