PUBLIC RECORD WITNESS REGISTRATION Oregon State Legislature

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Committee Name:____

Public Hearing on:_

÷ Date:

25 P

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

SP

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
Ruby JASM, OSBN			V	~			V	
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