WITNESS REGISTRATION

Date: 02-18-2015 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 |
| JOSH BALLOLH | 2868 208- 203- | | | X | | | X | |
| DEBI FARR | | | | P | | | | |
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| Committee Services | | | | | | | Revise | ed 04/0 |