PUBLIC RECORD: This form, your verbal testimony, and materials you distribute will be posted on the Internet and accessible to the public.

| WITNESS REGISTRATION | |
|--|-------------------|
| Committee Name: Sprale Zduigtion | |
| Committee Ivanie. Certifie Schutter 1011 | $\sim 1 - 1$ |
| Public Hearing on: 20 29 | _ Date: 2/19/2015 |

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

| Name PRINT LEGIBLY | Organization or County of Residence | Check if you live more than 100 miles from this meeting. | Position on Measure | | |
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| | | this meeting. | For | Against | Neutral |
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