PUBLIC RECORD Oregon State Legislature

WITNESS REGISTRATION

Committee Name: House	on Ve	ofs' au	nd Emergi	ency Prefe	aredness

Date: 2/24/15 Public Hearing on: HB 2539

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	(optional)	Yes	No	For	Against	Neutral	Yes	No
Lauricklinia	n CD	VA						_

Committee Services

MEASURE: HB 2639 EXHIBIT: 2

HOUSE VETS & EMER PREP DATE: 2/24/15 PAGES: 1

SUBMITTED BY: STAFF