

## WITNESS REGISTRATION

PUBLIC RECORD
Oregon State Legislature

Committee Name:	
Public Hearing on: SB CO /	Date: 2/17/15
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 tesimony?	
		Yes	No	For	Against	Neutral	Yes	No
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