WITNESS REGISTRATION

nmittee Name: Senote Business 4	Transport and Consistation
Public Hearing on: SB 424	Date: 3-2-15

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 testimony?	
		Yes	No	For	Against	Neutral	Yes	No
Pare ROMAIN-OFA			*	×				
David Hickerson			X	X				X
Doug 1, 1/er			a	X				×
				MEASURE: SB 424 EXHIBIT: 5 SENATE BUSINESS & TRANSPO DATE: 3/2 /2015 PAGES: I SUBMITTED BY: 5/4				ATION