Committee Name: Public Hearing on: Please print legibly.

Please register if you wish to testify on the above named measure/issue.

Committee Services

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
Jeff Strang	503 - 752-9494		Χ	X			Χ	

Revised 04/04