## PUBLIC RECORD

## **WITNESS REGISTRATION**

Oregon State Legislature Committee Name:\_\_\_\_

Date:\_\_\_ Public Hearing on:

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
Donna Routh Washington County	503 239-215	3	V	~			V	
Paul Corgo David Tatmom			V			XH	adoy	<del>d-1</del>
David Tatmom Rick Blackout			×	×				
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Committee Services							Revis	sed 04/04