PUBLIC RECORD: This form, your verbal testimony, and materials you distribute will be posted on the Internet and accessible to the public.

WITNESS REGISTRATION

Public Hearing on: Date: Date: Please register if you wish to testify on the above-named measure/issue. Please print legibly.											
						Name PRINT LEGIBLY	Organization or County of Residence	Check if you live more than 100 miles from this meeting.	Position on Measure		
									For	Against	Neutral
Mare Thire I man			X								
a a											