WITNESS REGISTRATION

TION Oregon State Legislature

Committee Name: HOUSE REVENUE

Public Hearing on: <u>HB</u>

Date: 3-23-2015

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

2749

Please	print	legibly.
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Name and Organization <u>or</u> County of Residence	Phone # (Optional)	Do you live more than 100 miles from this meeting location?		Position			Are you submitting written testimony?	
PLEASE PRINT LEGIBLY		Yes	No	For	Against	Neutral	Yes	No
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MATPAYES ASSN 1 OF								

Revised 04/04