WITNESS REGISTRATION

HOUSE REVENUE Committee Name:____ Public Hearing on: HB 2858 Date: 3-5-2015

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	Phone #	Do you live more than 100 miles from this meeting location?		Position			Are you submitting written testimony?	
PLEASE PRINT LEGIBLY		Yes	No	For	Against	Neutrai	Yes	No
David Williams PPS			X	X			X	
Committee Services				<u></u>				d 04/04

Committee Services

Revised 04/04