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## WITNESS REGISTRATION

| Please register if you wish to testify on the above-named measure/issue. | Please print legibly. |
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| Public Hearing on: 48 3099   | Date:                 |
| Committee Name: H. Consumer Protection + Governm                         | ent Effectiveness     |

| Name  PRINT LEGIBLY      | PRINT LEGIBLY Residence | Check if you live more than 100 miles from this meeting. | Position on Measure |         |         |
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