WITNESS REGISTRATION

PUBLIC RECORD

Oregon State Legislature

Committee Name:	STR	AIOAII AMIA WASIMININI
Public Hearing on:	UR 27	Date: 3/2(0/15
J –		Please print legibly.
Please register if you wish t	to testify on the above named measure/issue.	ricase pilie icqiviy.

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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Committee Services							Ravis	ed 04/04