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WITNESS REGISTRATION

Committee Name: _	Senak	Rules		
Public Hearing on:	HCR	12	_ Date:_	4/14/15
Please register if you	ı wish to testify	on the above-named measure/issue	. <u>Please</u>	print legibly.
Name		Organization or County of Residence	Check if you live more than 100	Position on Measure

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
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