PUBLIC RECORD	WITNESS REGISTRATION					
Dregon State Legislature Committee Name:	SBT					
Public Hearing on:	SB 495	Date: <u>_</u>				

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 # (Optional)	Do you live more than 100 miles from this meeting location?		Position			Are you submitting written testimony?	
PLEASE PRINT LEGIBLY	(optional)	Yes	No	For	Against	Neutral	Yes	No
KATY KING (E.R. TOCG)				V			~	
Committee Services					I		Revise	Ld 04/04

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