PUBLIC RECORD: This form, your verbal testimony, and materials you distribute will be posted on the Internet and accessible to the public.

WITNESS REGISTRATION		
Committee Name: Separe Zducction		1
Public Hearing on: 18 28 47 A	Date:	[12/2015
Please register if you wish to testify on the above-named measure/issue.	Please pri	int legibly.

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
	9				