CS001 (rev. 6/2014)

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## WITNESS REGISTRATION

Committee Name:				<i>(</i>	
Public Hearing on:	9/20	Date:	<u> 5/1</u>	<u> 13/1.</u>	)
Please register if you wish to testify on the above-named measure/issue. Please print 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
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