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## WITNESS REGISTRATION

Committee Name:	H0	USE REVENUE		
Public Hearing on: _	48	2734	Date:	5-13-2015
Dlaggarett				

Please register if you wish to testify on the above-named measure/issue. <u>Please print legibly</u>.

Name

Organization or County of Check if you Provide the Provided P

	Name  PRINT LEGIBLY	Organization or County of Residence	Check if you live more than 100 miles from this meeting.	Position on Measure		
			meeting.	For	Against	Neutral
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