**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:** H. Consumer Protection + Government Effectiveness

**Public Hearing on:** SB 515 A **Date:** 5/19/2015

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

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

CS001 (rev. 6/2014)