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WITNESS REGISTRATION

Committee Name:					
Public Hearing on:	PCJ	Date:	Lr 11	2019	
Please register if you wish to testif	fy on the above-named measure/issu	ue. <i>Please</i>	print	legibl	<u>v</u> .
Name PRINT LEGIBLY	Organization or County of Residence	Check if you live more than 100 miles from this meeting.	Position on Measure		
			For	Against	Neutra
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T.F.					
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