WITNESS REGISTRATION

HB 2539 Public Hearing on:___

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

Name and Organization <u>or</u> County of Residence	Phone # (Optional)	Do you live more than 100 miles from this meeting location?		Position			Are you submitting written testimony?	
PLEASE PRINT LEGIBLY		Yes	No	For	Against	Neutral	Yes	No
Rep. Witt				\checkmark				
				-				

Committee Services

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PUBLIC RECORD Oregon State Legislature

Date: 6-11-2015