WITNESS REGISTRATION

Committee Name:	JWMHS	
Public Hearing on:	HB 3535	Date: 6-18-2015

Please register if you wish to testify on the above named measure/issue.

Please print legibly.

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
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Revised 04/04