PUBLIC RECORD

WITNESS REGISTRATION

Date: 2 - 8 - 16 Public Hearing on: _____

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 PLEASE PRINT LEGIBLY	Phone # (Optional)	Do you live more than 100 miles from this meeting location?		Position			Are you submitting written testimony?	
		Yes	No	For	Against	Neutral	Yes	No
Randy Tucker, Metro					Amend	in the second		
Elizabeth Edwards, Portrail			V					
Jey Mile, Travel Portion				4				
Wend Johns Grey Tim McCarley TON YANGER	ed nc.tils			3 5				
Jim Milarley			V			V		V
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Scott Younghlood							apara mendente si	
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Committee Services

Revised 04/04