## **WITNESS REGISTRATION**

| Oregon State Legislature Committee Name: | HOUSE REVEN | UE       |
|--|-------------|----------|
| Public Hearing on: HB                    | *           | Date:2/6 |

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

Please print legibly.

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