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WITNESS REGISTRATION

Committee Name:	VETERANS AND	EMERGENCY	PREPARE DI	u c ss
Public Hearing on:	:SB 573		Date:	5.18.2017
Please register if vo	u wish to testify on the a	nhove-named measur	e/issue. <i>Please</i>	print legibly.

Name PRINT LEGIBLY	Organization or County of Residence	Check if you live more than 100 miles from this meeting.	Position on Measure		
			For	Against	Neutral
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