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WITNESS REGISTRATION

Committee Name:SFR									
)	Date: 2/13/17							
Please register if you wish to testify									
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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WITNESS REGISTRATION

Committee Name:									
		Date: 2/13/17							
Please register if you wish to testify on the above-named measure/issue. Please 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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