PUBLIC RECORD: This form, your verbal testimony, and materials you distribute will be posted on the Internet and accessible to the public.

WITNESS REGISTRATION

| Committee Name: _ | SFR | | | | |
|--------------------|--------|-------|-------------|--|--|
| Public Hearing on: | SB 193 | Date: | 93/14/19 | | |
| - | | 70.5 | • . 7 • 7 7 | | |

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 | | |
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