**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:** SENR

**Public Hearing on:** SB 694 **Date:** 03/19/2019

**Please register if you wish to testify on the above-named measure/issue.** ***Please print legibly.***

| Name<br>*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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