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## WITNESS REGISTRATION

Committee Name:					Indicate
Public Hearing on:					Approx. Length of Testimony
Please register if you wish to testify on the above-named measure/issue. <u>Please print legibly</u> .  3 - 5  Minutes, Please					
Name  PRINT LEGIBLY	Organization or County of Residence	Check if you live more than 100 miles from this meeting.	Position on Measure		
		this meeting.	For	Against	Neutral
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