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WITNESS REGISTRATION		i t
Committee Name: Public Hearing on:	Date:	3/28/19
Please register if you wish to testify on the above-named measure/issue. <u>F</u>	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
ALEIKINS	044				7