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:	House	_	Human	Services	ş	Housing		
Public Hearing on:	HB	26	08	Date:_	2	120/19		
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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