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WITNESS REGISTRATION

Committee Name: _	House - Human S	Services c	and	Housing	_				
Public Hearing on: _	HB 2027]	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			
		tins meeting.	For	Against	Neutral	
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