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: _	Hou	use-	Human	Services	#	Ho	using	
Public Hearing on: _	HB	2131			Date:_	2/	127/201	9
Please register if you	wish to te	stify on the	above-named m	neasure/issue. <u>I</u>	Pleas	e pi	rint legib	lv.

Name PRINT LEGIBLY	Organization or County of Residence	Check if you live more than 100 miles from this meeting.	Position on Measure			
		tills meeting.	For	Against	Neutral	
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