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:	Ser	late.	Human	Service	S
Public Hearing on:		814			3-26-19
Please register if you wi	sh to testify	on the abo	ve-named measure/	issue. <u>Please</u>	print legibly.
Nama	54	Organi	ization or County of	Check if you	Position on Measure

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
	9				