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WITNESS REGISTRATION

Committee Name:	HUET		a			
Public Hearing on:	SCR	20	Da	ite:	4-30-19	200 100 10
Places register if you	n wish to tes	tify on the above-na	med measure/issue. <i>Ple</i>	ase n	rint 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	
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