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WITNESS REGISTRATION

Committee Name: _	SFR			
Public Hearing on:			_ Date:_	6/10/2019
Please register if you	u 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		
			For	Against	Neutral
Deanna Mack	DOR		X		
I					