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WITNESS REGISTRATION

Public Hearing on: H			2/10/2020
Please register if you wish to testify	y on the above-named measure/issu	ie. <u>Please</u>	<u>print legibly</u> .
Name	Organization 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
3					