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: _	Sev	rate Comm	ittee on	Rules	
Public Hearing on:	SCR	204		Dat	e:
Please register if you	a wish to test	ify on the above-	-named measu	ire/issue. <u>Plea</u>	ise print legibly.
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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
			-		