

WITNESS REGISTRATION

Committee Name: HREV

Public Hearing on: HB 3261 Date: 3-4-2011

Please register if you wish to testify on the above named measure/issue. **Please print legibly.**

Name and Organization or County of Residence <small>PLEASE PRINT LEGIBLY</small>	Phone # (Optional)	Do you live more than 100 miles from this meeting location?		Position			Are you submitting written testimony?	
		Yes	No	For	Against	Neutral	Yes	No
DEBRA BUCHANAN DEPT OF REVENUE			X					X
John Powell OR State Sheriffs Assoc.			X		X			X

WITNESS REGISTRATION

Committee Name: HREV

Public Hearing on: HB 3261 Date: 3-4-2011

Please register if you wish to testify on the above named measure/issue. **Please print legibly.**

Name and Organization or County of Residence PLEASE PRINT LEGIBLY	Phone # (Optional)	Do you live more than 100 miles from this meeting location?		Position			Are you submitting written testimony?	
		Yes	No	For	Against	Neutral	Yes	No
DEBRA BUCHANAN DEPT OF REVENUE			X					X
John Powell OR State Sheriffs Assoc.			X		X			X