Committee Name:_ Public Hearing on:

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 tesimony?	
		Yes	No	For	Against	Neutral	Yes	No	
Jody Wiser							X		
								X.	
				-					
.tee Services									