WITNESS REGISTRATION Committee Name:

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

Public Hearing on:

Date:

Name and Organization <u>or</u> 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
Senator Bill Hunsell, DIST.	29							