WITNESS REGISTRATION

MEASURE 5B 2014 SESSION S BUS. & TRANS DATE: A 13/14 PAGES: __]

Committee Name: Senate Bus vess and Transpor

Public Hearing on: 5B 1502

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

Please print legibly.

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
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