WITNESS REGISTRATION

nmittee Name: H. Veterans and Emergency

Date: 2-13-2014 Public Hearing on: SCR 204

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	
Senator Bill Hansell District 29				MEASURE SCR 204 EXHIBIT:					
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