WITNESS REGISTRATION

Committee Name: ±

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

Please print legibly.

Public Hearing on:_

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
Amanda Rich The Nature Conservancy Sen. Roblan			V	V				~
Sen. Roblan								
Committee Services							Revise	ed 04/04