WITNESS REGISTRATION

ural Comm. & Econ Public Hearing on:___ Date:_

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? | |
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