WITNESS REGISTRATION

Committee Name: S. Rural Conm. Lcon Public Hearing on:____

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
			V					V
ROYD. SWAFFORD GREGON MILLTON DOFT BELINDA BATTEN OREGON STATE UNIVERSITY								V