PUBLIC RECUKD

Oregon State Legislature

WITNESS REGISTRATION

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Committee Name:_	H.V	uval (b	mmunities
Public Hearing on:_	46	4128	Date: 7/4/2014

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

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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