WITNESS REGISTRATION

PUBLIC RECORD Oregon State Legislature

Committee Name: 5HH

Public Hearing on: 16

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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
		X	X			X	
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		Yes	Yes No	Yes No For	Yes No For Against	Yes No For Against Neutral	Yes No For Against Neutral Yes