

**WITNESS REGISTRATION**

Committee Name: SR

Public Hearing on: HB 2493 Date: 4/2/15

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

Name and Organization or County of Residence <b>PLEASE PRINT LEGIBLY</b>	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
Trevor Caldwell, OST				X			X	