

WITNESS REGISTRATION

PUBLIC RECORD
Oregon State Legislature

Committee Name: _____

SFR

Public Hearing on: _____

HB 2490

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 PLEASE PRINT LEGIBLY	Phone # (Optional)	Do you live more than 100 miles from this meeting location?		Position			Are you submitting written tesimony?	
		Yes	No	For	Against	Neutral	Yes	No
<i>Trevor Caldwell, OST</i>				<i>X</i>			<i>X</i>	