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WITNESS REGISTRATION

Committee Name: H. Consumer Protection & Government Effectiveness

Public Hearing on: HB 2019 **Date:** _____

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

Name *PRINT LEGIBLY*	Organization or County of Residence	Check if you live more than 100 miles from this meeting.	Position on Measure		
			For	Against	Neutral

CS001 (rev. 6/2014)