

PUBLIC RECORD

WITNESS REGISTRATION

Oregon State Legislature
Committee Name: _____

SBT

Public Hearing on: _____

SB 943

Date: _____

4/15/15

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

Please print legibly.

Name and Organization <u>or</u> County of Residence 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
Amy Joyce, ODOT			✓				✓	