

Oregon State Legislature WITNESS REGISTRATION

Committee Name: SWMHS

Public Hearing on: SB 692 Date: 6-9-2015

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 testimony?	
		Yes	No	For	Against	Neutral	Yes	No
JIM ROBERTS NORTH			X	X				X