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WITNESS REGISTRATION

Committee Name: Servate	Committee or	r Veterans a	und Emergency	Proparedues				
Public Hearing on: 502	205		Date: 0Z-04	1-2016				
Please register if you wish to testify on the above-named measure/issue. <u>Please print legibly</u> .								

Name PRINT LEGIBLY	Organization or County of Residence	Check if you live more than 100 miles from this meeting.	e) m		
		this meeting.	For	Against	Neutral
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