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WITNESS REGISTRATION

			on veterans	and Emergency			
Public Hearing on: HCR ZOZ Please register if you wish to testify on the above-nam		-named measure/is	Date: <u>62-23-2016</u> ned 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.	Position on Measure		
			For	Against	Neutral
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