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## WITNESS REGISTRATION

Committee Name:	REV,				
Public Hearing on:		Date: <u>3-8-/7</u>			
Please register if you wish to testify	on the above-named measure/issu	e. <u>Please</u>	print	legibl	<u>v</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
Jody Wiser	Tax Fuirnes OR			V	
Jenn Drole	ots		V		
Marcia Kelley	OWRC		Commence	Vo	
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