PUBLIC RECORD: This form, your verbal testimony, and materials you distribute will be posted on the Internet and accessible to the public.

WITNESS REGISTRATION

| Committee Name: _ | Senate | Bus | 2 Trans | |
|------------------------|-------------------|-----------|---------------------------------|----------------|
| Public Hearing on: | SB | 170 | Date: | 4/17 |
| Please register if you | ı wish to testify | on the al | ove-named measure/issue. Please | print legibly. |

| 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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