WITNESS REGISTRATION

Committee Name: JCDEC	Public Comment

Public Hearing on: Public Comment Date: 3/28/

Please register if you wish to testify on the above named measure/issue.

Please print legibly.

Name and Organization <u>or</u> 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?	
		Was I	No	For	Against	Neutrai	Yes	No
JAME HEDGES OF WASTATE DEPT OF	(509) 372-7950	X						X
STATE DEPT of ST	503 235 9708	X						X
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