



Filing Receipt

Filed Date - 2025-06-22 02:25:59 PM

Control Number - 58124

Item Number - 70

Ratpayer Comments/Requests To Intervene

Use this form to express your views on the bill or to request to be heard at the hearing.

1. Name of ratpayer (Print name and address, including zip code.)

Mr. [Name]
[Address]
[City, State, Zip]
[Phone Number]

2. Name of the bill (Print name of the bill and number.)

3. Reason for your comment (Print or type your comment.)

4. Name of the committee (Print name of the committee.)

5. Name of the subcommittee (Print name of the subcommittee.)

6. Name of the hearing (Print name of the hearing.)

7. Name of the date (Print date of the hearing.)

8. Name of the time (Print time of the hearing.)

9. Name of the place (Print place of the hearing.)

10. Name of the subject (Print subject of the hearing.)

11. Name of the sponsor (Print name of the sponsor.)

12. Name of the committee (Print name of the committee.)

13. Name of the subcommittee (Print name of the subcommittee.)

14. Name of the hearing (Print name of the hearing.)

15. Name of the date (Print date of the hearing.)

16. Name of the time (Print time of the hearing.)

17. Name of the place (Print place of the hearing.)

18. Name of the subject (Print subject of the hearing.)

19. Name of the sponsor (Print name of the sponsor.)

20. Name of the committee (Print name of the committee.)

21. Name of the subcommittee (Print name of the subcommittee.)

22. Name of the hearing (Print name of the hearing.)