

**Public Hearing Registration Card**  
**DOCUMENT #3**

State of California ~ Health and Human Services Agency  
Department of Public Health

**Public Hearing Registration**

Name:

Organization:

Address:

I wish to make a statement on the federal Preventive Health and Health Services Block Grant Funding.

How did you learn about this Public Hearing?

Newspaper       Mailing List       Other

If you wish to make a statement use this card only.

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