

**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

Please complete this form and return to the Board Clerk
This form is a public record

MEETING DATE: _____

AGENDA ITEM: Civil Rights Proclamation

FOR: X AGAINST: _____

NAME: Richard C. Gilliam

CONTACT INFORMATION (optional):

ADDRESS: 10725 SE 87th Ave.

CITY/STATE/ZIP: Portland, OR

PHONE: (503) 560-4582 EMAIL: rgill11906@gmail.com

IF YOU WISH TO ADDRESS THE BOARD IN PERSON:

1. Complete this form and submit to the Board Clerk.
2. Presenters are called to testify in the order their form is received. The Presiding Officer may rearrange testimony or may ask Invited Guests or Elected Officials to speak first.
3. Public testimony is limited to **3 minutes or less** per person unless otherwise directed by the Presiding Officer.
4. Written materials may be submitted to the Board Clerk for distribution to the Board and entry in the official record. Please provide 7 copies.
5. All meetings are audio and video recorded.
6. When your name is called, come forward & be seated at the presenter's table; state your name for the record and speak clearly into the microphone.
7. A buzzer will signify the end of your allotted time.
8. The Presiding Officer has authority to keep order and may impose reasonable restrictions necessary for the efficient and orderly conduct of a meeting. Any person who fails to comply with reasonable rules of conduct or who creates a disturbance may be asked or required to leave and upon failure to do so becomes a trespasser.

IF YOU WISH TO SUBMIT WRITTEN INSTEAD OF ORAL COMMENTS TO THE BOARD:

1. Complete this form and submit it along with your written testimony to the Board Clerk at the meeting, or by e-mail at: lynda.grow@multco.us
2. Written testimony will be entered into the official record.

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MEETING DATE: _____

AGENDA ITEM: R-5 Civil Rights.

FOR: _____ AGAINST: _____

NAME: Mary Eng

CONTACT INFORMATION (optional):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ EMAIL: _____

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MEETING DATE: _____
AGENDA ITEM: R-5 Civil Rights

FOR: _____ AGAINST: _____
NAME: KELVIN HATT

CONTACT INFORMATION (optional):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ EMAIL: _____

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