

**MULTNOMAH COUNTY BOARD OF COMMISSIONERS' MEETING
PUBLIC COMMENT SIGN-UP SHEET**

Please complete this form and return to the Board Clerk

This form is a public record

MEETING DATE: 4/27/17

AGENDA # ____ OR NON-AGENDA SUBJECT: FAKE NEWS #

FOR: ____ AGAINST: ____

NAME: I AM INJURED AND PISSED OFF

CONTACT INFORMATION (optional):

ADDRESS: 1212 SW CLAY apt #217

CITY/STATE/ZIP: PORTLAND, OREGON, 97201

PHONE: 503-224-9954 EMAIL: _____

IF YOU WISH TO ADDRESS THE BOARD IN PERSON:

1. Fill out this form and submit to the Board Clerk.
2. Non-Agenda items will be called immediately after the vote on the Consent Agenda.
3. Agenda items will be called during that item's presentation, before the vote is taken.
4. Presenters are called to testify in the order forms are received. The Presiding Officer may rearrange the order testimony is given or ask Invited Guests or Elected Officials to speak first.
5. Public testimony is limited to **3 minutes or less** per person unless otherwise directed by the Chair, who is the Presiding Officer.
6. If submitting handouts to be given to the Board, 7 copies are required. If one copy is provided, it will be received for the file and electronically shared with the Board after the meeting.
7. All meetings are audio and video recorded and can be viewed at: multco.us. Click on Government/Board Meetings, and select meeting of your choice.
8. When your name is called, come forward and be seated at the presenter's table; state your name for the record and speak clearly into the microphone.
9. A buzzer will signify the end of your allotted time.
10. The Chair 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 and will be treated accordingly.

IF YOU WISH TO SUBMIT WRITTEN COMMENTS TO THE BOARD IN LIEU OF GIVING ORAL COMMENTS:

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 and remain a part of the official record.

**MULTNOMAH COUNTY BOARD OF COMMISSIONERS' MEETING
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MEETING DATE: 11/27/2017

AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: Commemoration

FOR: _____ AGAINST: _____

NAME: JOE WALSH

CONTACT INFORMATION (optional):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ E-MAIL: _____

IF YOU WISH TO ADDRESS THE BOARD IN PERSON:

1. Fill out this form and submit to the Board Clerk 15 minutes before meeting begins.
2. Comment for Non-Agenda items will be called immediately after the vote on the Consent Agenda.
3. Comment for Agenda items will be called during that item's presentation, before the vote is taken.
4. Commenters are called to testify in the order forms are received. The Presiding Officer may re-arrange the order of the agenda and the order in which testimony is given or ask Invited Guests or Elected Officials to speak first.
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9. All meetings are audio and video recorded and captioned and can be viewed at http://multnomah.granicus.com/ViewPublisher.php?view_id=3
10. The Chair 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 the Rules of Conduct, or who creates a disturbance, may be asked or required to leave and upon failure to do so, becomes a trespasser and will be treated accordingly. The Rules of Conduct are posted and available in back of the room.

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**MULTNOMAH COUNTY BOARD OF COMMISSIONERS' MEETING
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MEETING DATE: April 27, 2017

AGENDA ITEM # OR NON-AGENDA SUBJECT:

FOR: AGAINST:

NAME: Lightning Super Watchdog

CONTACT INFORMATION (optional):

ADDRESS:

CITY/STATE/ZIP:

PHONE: E-MAIL:

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MEETING DATE: Thurs 27 April

AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: open Com

FOR: _____ AGAINST: _____

NAME: Charles BridgeCrane JOHNSON

CONTACT INFORMATION (*optional*):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ E-MAIL: _____

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