

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

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Please complete this form and return to the Board Clerk

\*\*\*This form is a public record\*\*\*

MEETING DATE: 2/18/10

SUBJECT: Creston Rental Funding

AGENDA NUMBER OR TOPIC: R-1

FOR: ☒ AGAINST: ☐ THE ABOVE AGENDA ITEM

NAME: Catherine K Kittams

ADDRESS: 4611 NE Hainsworth Court

CITY/STATE/ZIP: Portland OR 97220

PHONE: DAYS: 503-257-1709 EVES: 503-636-1091

EMAIL: CKittams@msd.k12.or.us FAX: 503-257-1779

SPECIFIC ISSUE: Funding for Creston

WRITTEN TESTIMONY: 0

**IF YOU WISH TO ADDRESS THE BOARD:**

1. Please complete this form and return to the Board Clerk.
2. Address the County Commissioners from the presenter table microphones. Please limit your comments to **3 minutes**.
3. State your name for the official record.
4. If written documentation is presented, please furnish one copy to the Board Clerk.

**IF YOU WISH TO SUBMIT WRITTEN COMMENTS TO THE BOARD:**

1. Please complete this form and return to the Board Clerk.
2. Written testimony will be entered into the official record.

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MEETING DATE: \_\_\_\_\_

SUBJECT: Creston Dental Clinic

AGENDA NUMBER OR TOPIC: Emergency Funding Proposal  
FOR: X AGAINST: \_\_\_\_\_ THE ABOVE AGENDA ITEM

NAME: DR. RICHARD L. GARFINICKLE

ADDRESS: 1616 SW SUNSET BLVD

CITY/STATE/ZIP: PORTLAND

PHONE: DAYS: 503-246-9802 EVES: 503 635-8205

EMAIL: DR.RKNROL@GMAIL.COM FAX: 503 246-9995

SPECIFIC ISSUE: \_\_\_\_\_

WRITTEN TESTIMONY: Please support temporary -  
one time only - emergency funding of  
Creston Dental Clinic to allow it to remain open  
the rest of this school year & allow it to  
restructure its finance & management to remain  
viable for another 48 years.

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