

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: 5/18/2011

SUBJECT: Multnomah County Fiscal Year 2012 Budget

Project Clean Slate - Fremont

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): _____

FOR: _____ AGAINST: _____ THE ABOVE BUDGET TOPIC

NAME: Roy Jay

ADDRESS: 4300 NE Fremont #220

CITY/STATE/ZIP: PORTLAND OR 97213

PHONE: _____ DAYS: 503-231-2571 EVES: _____

EMAIL: Roy@ProjectCleanSlate.com FAX: 503-293-2894

WRITTEN TESTIMONY: _____

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:

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2. Written testimony will be entered into the official record.

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SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): _____

Ka-ron-sa FOR: _____ AGAINST: ☒ THE ABOVE BUDGET TOPIC

NAME: *Karanja Crews*

ADDRESS: *816 NE Killingsworth Ct*

CITY/STATE/ZIP: *Pdx, OR*

PHONE: _____ DAYS: *503-382-9730* EVES: _____

EMAIL: *KaranjaCrews@gmail.com* FAX: _____

WRITTEN TESTIMONY: _____

I proposed funding for the JTF Project

IF YOU WISH TO ADDRESS THE BOARD:

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SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): _____

FOR: _____ AGAINST: / THE ABOVE BUDGET TOPIC

NAME: Alex Banks

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ DAYS: _____ EVES: _____

EMAIL: _____ FAX: _____

WRITTEN TESTIMONY: _____

funding for the JTF Project

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SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): Education

FOR: _____ AGAINST: _____ THE ABOVE BUDGET TOPIC

NAME: Renee Mitchell

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ DAYS: _____ EVES: _____

EMAIL: _____ FAX: _____

WRITTEN TESTIMONY: _____

Funding for the JTF Project

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SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM):

SUN Service System

FOR: _____ AGAINST: _____ THE ABOVE BUDGET TOPIC

NAME: Tricia Harding

ADDRESS: 2221 NE 62nd Ave

CITY/STATE/ZIP: Portland, OR 97213

PHONE: _____ DAYS: 503-232-0007

EVES: _____

EMAIL: triciah@metfamily.org

FAX: _____

WRITTEN TESTIMONY:

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WRITTEN ONLY
DECLINED TO
TESTIFY
VERBALLY

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SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): HEALTH DEPT.,

MEDICAL
DENTAL
MENTAL HEALTH

PRIMARY CARE, PUBLIC HEALTH, ENVIRONMENTAL HEALTH

FOR: X AGAINST: _____ THE ABOVE BUDGET TOPIC

NAME: IAN TIMM

ADDRESS: 1505 NE 46TH AVE

CITY/STATE/ZIP: PORTLAND OR 97213

PHONE: _____ DAYS: 503-288-9822

EVES: _____

EMAIL: istimm@pacifier.com

FAX: _____

WRITTEN TESTIMONY: I strongly support the continued

INVESTMENT OF GENERAL FUNDS TO MAINTAIN THE CURRENT

LEVELS OF COUNTY HEALTH SERVICES AND PARTNERSHIPS

THAT ARE ALSO SUPPORTED WITH GENERAL FUNDS AND

GRANT FUND. THESE SERVICES ARE A VITAL SAFETY NET

FOR THE HEALTH OF LOW-INCOME RESIDENTS AND OUR WHOLE COMMUNITY.

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