

**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: 2/24/2011

SUBJECT: Certified Peer Specialists

AGENDA NUMBER OR TOPIC: _____

FOR: _____ AGAINST: _____ THE ABOVE AGENDA ITEM

NAME: Amy Anderson

ADDRESS: 3735 SE SHERMAN ST

CITY/STATE/ZIP: Portland, OR 97214

PHONE: _____ DAYS: 503-230-6936 EVES: _____

EMAIL: advocate55@q.com FAX: _____

WRITTEN TESTIMONY: _____

I would like to ask the County to help pay for
Certified Peer Specialists

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.