

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: 9/25/14  
AGENDA # \_\_\_\_\_ OR NON-AGENDA SUBJECT: ERIC HOLDER  
TAXES & DEATH  
FOR: \_\_\_\_\_ AGAINST: \_\_\_\_\_  
NAME: PAUL, ADOLPH, PHILLIPS  
CONTACT INFORMATION (optional):  
ADDRESS: 1212 S.W. CLAY APT # 217  
CITY/STATE/ZIP: PORTLAND, OREGON 97201  
PHONE: \_\_\_\_\_ 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](http://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](mailto:lynda.grow@multco.us)
2. Written testimony will be entered into and remain a part of the official record.



Department of County Human Services

**MULTNOMAH COUNTY OREGON**

Aging and Disability Services Division

**Long Term Care - West**

421 SW Oak Street, Suite 175

Portland, Oregon 97204

**(503) 988-5460 Main**

(503) 988-3560 Fax

(503) 988-6983 TTY

9/18/2014

9/25/14  
PAUL, PHILLIPS

Paul Phillips

1212 SW Clay St Apt 217

Portland OR 97201

Dear Mr. Philips

Your SMB program which state of Oregon pays your Medicare Part B premium is overdue for review. Please contact me at (503-988-7403) to have either a phone or in person interview to renew your SMB program by 10/15/14. If we don't have either a phone or in person interview for renewal by 10/15/14, your SMB program will be closed effective 10/31/14.

Thank you.

Sincerely,

Willie Kim

(503) 988-7403

This message is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you are not the intended addressee, nor authorized to receive for the intended addressee, you are hereby notified that you may not use, copy, disclose, or distribute to anyone the message or any information contained in the message. If you have received this message in error, please immediately advise the sender by reply email and delete the message. Thank you.

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

AGENDA # \_\_\_\_\_ OR NON-AGENDA SUBJECT: ~~WHS~~ Gratitude

FOR: \_\_\_\_\_ AGAINST: \_\_\_\_\_

NAME: Ben Pickering

CONTACT INFORMATION (*optional*):

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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

AGENDA # \_\_\_\_\_ OR NON-AGENDA SUBJECT: Portland Police Testimony  
in Immergut Court Room

FOR: \_\_\_\_\_ AGAINST: \_\_\_\_\_

NAME: MARY ENG

CONTACT INFORMATION (*optional*):

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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