

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: 9/2/2010  
SUBJECT: HEALTHCARE

AGENDA NUMBER OR TOPIC: \_\_\_\_\_

FOR: - AGAINST: - THE ABOVE AGENDA ITEM

NAME: PAUL, ADOLPH PHILLIPS  
ADDRESS: 1212 S.W CLAY APT #217  
CITY/STATE/ZIP: PORTLAND, OREGON 97201

PHONE: \_\_\_\_\_ DAYS: \_\_\_\_\_ EVES: \_\_\_\_\_

EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

SPECIFIC ISSUE: SAME

WRITTEN TESTIMONY: NO

**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.