

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: 10/13/11

SUBJECT: SPINAL CORD INJURIES
CONTINUED 9/8/11 9/15/11 9/22/11

AGENDA NUMBER OR TOPIC: _____

FOR: _____ AGAINST: _____ THE ABOVE AGENDA ITEM

NAME: PAUL, ADOLPH, PHILLIPS

ADDRESS: 1212 SW CLAY APT #217

CITY/STATE/ZIP: PORTLAND, OR 97201

PHONE: DAYS: 503-224-9954 EVES: _____

EMAIL: _____ FAX: _____

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:

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: 10/13/2011

SUBJECT: Gray Homes / Abuse

AGENDA NUMBER OR TOPIC: _____

FOR: _____ AGAINST: _____ THE ABOVE AGENDA ITEM

NAME: GEOFF THOMPSON

ADDRESS: 40301 E. LARCH MT. RD

CITY/STATE/ZIP: CORBETT OR 97019

PHONE: _____

DAYS: 503 753 3040

EVES: _____

EMAIL: Geoff@THEVIEWPOINTIND.com

FAX: _____

WRITTEN TESTIMONY: _____

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MEETING DATE: 10-13-11

SUBJECT: Group Homes

AGENDA NUMBER OR TOPIC: _____

FOR: _____ AGAINST: _____ THE ABOVE AGENDA ITEM

NAME: CALVIN MYERS

ADDRESS: 40301 East LARCH MOUNTAIN

CITY/STATE/ZIP: Corbett

PHONE: _____ DAYS: 310 990 4119 EVES: _____

EMAIL: myerscalvin@netscape.net FAX: _____

WRITTEN TESTIMONY: _____

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MEETING DATE: 10/13/11
SUBJECT: Group Home Abuse

AGENDA NUMBER OR TOPIC: none

FOR: _____ AGAINST: _____ THE ABOVE AGENDA ITEM

NAME: Angelo Simione

ADDRESS: 40301 E. LARCH Mtn. Rd.

CITY/STATE/ZIP: Corbett, OR. 97019

PHONE: DAYS: (503) ~~520~~ 695-5801 EVES: _____

EMAIL: Angelo.vpi@gmail.com FAX: _____

WRITTEN TESTIMONY: _____

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