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**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: 7 October 2010

SUBJECT: Domestic Violence Services

AGENDA NUMBER OR TOPIC: Public Comment

FOR: _____ AGAINST: _____ THE ABOVE AGENDA ITEM

NAME: Virginia R. Cornyn

ADDRESS: 7220 NE Stoneybrook Street

CITY/STATE/ZIP: Hillsboro, OR 97124-7537

PHONE: _____ DAYS: 503-615-3046 EVES: Same

EMAIL: corbyn3@myfrontiermail.com FAX: N/A

SPECIFIC ISSUE: Request for no further cuts to D.V.
Services & restoration, if possible

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.

MULTNOMAH COUNTY BOARD OF COMMISSIONERS
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3
2nd
Speaker

Please complete this form and return to the Board Clerk
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MEETING DATE: 10/7

SUBJECT: Domestic Violence + Veterans

AGENDA NUMBER OR TOPIC: NOW D-05

FOR: AGAINST: _____ THE ABOVE AGENDA ITEM

NAME: Jail Heims

ADDRESS: 614 NW 11

CITY/STATE/ZIP: 97209

PHONE: DAYS: 503-718-7004 EVES: _____

EMAIL: Heimsj@ohsu.edu FAX: _____

SPECIFIC ISSUE: serve on OR legislative task forces
on (A) women (B) Reintegration

WRITTEN TESTIMONY:

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MEETING DATE: 10-7-10

SUBJECT: DV Shelter Funding

AGENDA NUMBER OR TOPIC: DV Shelter Funding

FOR: X AGAINST: _____ THE ABOVE AGENDA ITEM

NAME: Deborah Elias

ADDRESS: 1311 NE Schuyler

CITY/STATE/ZIP: Portland, OR

PHONE: _____ DAYS: 503 841-0592 EVES: _____

EMAIL: _____ FAX: _____

SPECIFIC ISSUE: Funding

WRITTEN TESTIMONY: Very necessary - everyday women are turned away with no options

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