

**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: _____

AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: _____

FOR: _____ AGAINST: _____

NAME: Bruce Brownson

CONTACT INFORMATION (optional):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ E-MAIL: _____

IF YOU WISH TO ADDRESS THE BOARD IN PERSON:

1. Fill out this form and submit to the Board Clerk 15 minutes before meeting begins.
2. Comment for Non-Agenda items will be called immediately after the vote on the Consent Agenda.
3. Comment for Agenda items will be called during that item's presentation, before the vote is taken.
4. Commenters are called to testify in the order forms are received. The Presiding Officer may rearrange the order of the agenda and the order in which testimony is given or ask Invited Guests or Elected Officials to speak first.
5. When your name is called, come forward and be seated at the presenter's table; state your name for the record and speak into the microphone.
6. Public comment is limited to **3 minutes or less** per person unless otherwise directed by the Chair, who is the Presiding Officer.
7. A buzzer will signify the end of your allotted time.
8. If submitting handouts to be given to the Board, seven (7) copies are required. If only one (1) copy is provided, it will be received for the file and electronically shared with the Board and County Attorney after the meeting.
9. All meetings are audio and video recorded and captioned and can be viewed at http://multnomah.granicus.com/ViewPublisher.php?view_id=3
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 the 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. The Rules of Conduct are posted and available in back of the room.

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: boardclerk@multco.us
2. Written testimony will be entered into and remain a part of the official permanent record.

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MEETING DATE: 3/1/18

AGENDA # _____ OR NON-AGENDA SUBJECT: LIBERTY AND
FOR: _____ AGAINST: JUSTICE FOR ALL

NAME: INJURED AND PISSEDOFF

CONTACT INFORMATION (optional):

ADDRESS: 1212 SW CLAY apt # 217

CITY/STATE/ZIP: PORTLAND, OREGON 97201

PHONE: 503-224-9954 EMAIL: _____

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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.
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7. All meetings are audio and video recorded and can be viewed at: 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.
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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
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AGENDA ITEM # X OR NON-AGENDA SUBJECT: _____

FOR: X AGAINST: X

NAME: Lightning Super Justice Watchdog

CONTACT INFORMATION (optional):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ E-MAIL: _____

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MEETING DATE: March 1, 2018

AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: _____

FOR: _____ AGAINST: _____

NAME: Mimi German

CONTACT INFORMATION (optional):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ E-MAIL: _____

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MEETING DATE: March First '18

AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: public comment

FOR: _____ AGAINST: _____

NAME: Charles Bridgecrae JOHNSON

CONTACT INFORMATION (*optional*):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ E-MAIL: _____

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