

**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: 10-4-18

AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: _____

FOR: _____ AGAINST: _____

NAME: BRUCE BROUSSARD

CONTACT INFORMATION (optional):

ADDRESS: DIST 2#

CITY/STATE/ZIP: _____

PHONE: 503-701-0457 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 re-arrange the order that 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 clearly 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 can be viewed at: multco.us.
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. Copies of the Rules of Conduct are available next to the sign up sheets.

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
2. Written testimony will be entered into and remain a part of the official permanent record.

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AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: Senior Care

FOR: _____ AGAINST: _____

NAME: Sheila Scott

CONTACT INFORMATION (*optional*):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: 971-400-3357 E-MAIL: byfaithint@gmail.com

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FOR: _____ AGAINST: _____

NAME:

CONTACT INFORMATION (optional):

ADDRESS:

CITY/STATE/ZIP:

PHONE:

E-MAIL:

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MEETING DATE: _____

AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: Housing the

FOR: _____ AGAINST: _____

Homeless & Disabled

NAME: Maggie

CONTACT INFORMATION (optional):

ADDRESS: 3082nd St

CITY/STATE/ZIP: Portland

PHONE: 503-227-0810 E-MAIL: _____

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MEETING DATE: Oct 4, 2018

AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: ✓

FOR: _____ AGAINST: _____

NAME: BARRY JOE STULL re Mult Co Health Dept.

CONTACT INFORMATION (optional):

ADDRESS: 10852 SE STARK ST UNIT 5

CITY/STATE/ZIP: PORTLAND OR 97216

PHONE: no phone/
disability

E-MAIL: cannabisboo@
yahoo.com

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AGENDA ITEM # 9 OR NON-AGENDA SUBJECT: Peer Services

FOR: 9 AGAINST: 0

NAME: Kevin Fitts

CONTACT INFORMATION (optional): - Oregon Mental Health Consumers Association

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ E-MAIL: loraf11@gmail.com

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