

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: 8/12
SUBJECT: Regional Inst Board

AGENDA NUMBER OR TOPIC: R-5

FOR: AGAINST: _____ THE ABOVE AGENDA ITEM

NAME: Roy Jay ROY JAY

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ DAYS: _____ EVES: _____

EMAIL: _____ FAX: _____

SPECIFIC ISSUE: _____

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: 8/12/2010

SUBJECT: HEALTH CARE CONTINUED
FROM 7/22/2010

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: ACCESSING HEALTHCARE

WRITTEN TESTIMONY: _____

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