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**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: August 4th 2016

AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: Censorship of women
by women

FOR: _____ AGAINST: _____

NAME: Zoe Hoxtable

CONTACT INFORMATION (optional):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ E-MAIL: _____

IF YOU WISH TO ADDRESS THE BOARD IN PERSON:

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MEETING DATE: _____

AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: Domestic Violence Support

FOR: _____ AGAINST: _____

NAME: Antonia Molina-Jacinto

CONTACT INFORMATION (optional):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ E-MAIL: _____

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MEETING DATE: _____

AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: English Healthcare

FOR: _____ AGAINST: _____

NAME: Jayrus Ali "Nuu Roof"

CONTACT INFORMATION (optional):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ E-MAIL: _____

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MEETING DATE: 8/4/16

AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: IECC Intensive English Programs

FOR: _____ AGAINST: _____

NAME: Phonsay vilaychith

CONTACT INFORMATION (*optional*):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ E-MAIL: _____

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MEETING DATE: 8/4/16

AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: IFCC

FOR: _____ AGAINST: _____

NAME: Tina Tseng

CONTACT INFORMATION (optional):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ E-MAIL: _____

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MEETING DATE: 8/14/16

AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: ESL classes

FOR: _____ AGAINST: _____

NAME: Nadem Khalaf

CONTACT INFORMATION (*optional*):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ E-MAIL: _____

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AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: ~~ESL classes~~
Portland ESL Network
FOR: _____ AGAINST: _____

NAME: Heidi Dryden

CONTACT INFORMATION (optional):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ E-MAIL: heidi.dryden@gmail.com

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MEETING DATE: 8/4/16

AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: Aff housing impact
statements
FOR: _____ AGAINST: _____

NAME: Matthew Charles Cardinale

CONTACT INFORMATION (optional):

ADDRESS: 555 NW Park Ave apt 314

CITY/STATE/ZIP: Portland OR 97209

PHONE: 404 983 6049 E-MAIL: matthew.cardinale

@gmail.com

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Please complete this form and return to the Board Clerk
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MEETING DATE: 8-4-10

AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: Homeless shelter

FOR: AGAINST: _____

NAME: Kathryn Anderson

CONTACT INFORMATION (optional):

ADDRESS: P.O. Box 995

CITY/STATE/ZIP: Fairview, OR

PHONE: 503-329-1681 E-MAIL: kea1000@gmail.com

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MEETING DATE: 8-4-16

AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: Homeless Shelter

FOR: AGAINST: _____

NAME: Marnett Hairy (Hi-C!)

CONTACT INFORMATION (optional):

ADDRESS: 15123 N.E. Summerplace Ln.

CITY/STATE/ZIP: Portland, OR 97230

PHONE: 503-477-8650 E-MAIL: mhairy1000@gmail.com

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MEETING DATE: 8/4/2016

AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: Place Mahunen t

FOR: _____ AGAINST: _____

NAME: Aleksandr Shevtsov

CONTACT INFORMATION (optional):

ADDRESS: 10339 SE Liebe St

CITY/STATE/ZIP: Portland

PHONE: (503) 706 9131 E-MAIL: alexshevtsov@hotmail.com

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Metro cemeteries

AUTHORIZATION FOR INSTALLATION OF A MEMORIAL MARKER OR VASE

The interment right owner ("Owner") has purchased a memorial marker or vase ("Memorial") and has authorized the Memorial Company ("Company") to install the memorial in the Cemetery identified below.

Company Name: <i>AS Monument</i>		Phone: <i>(503) 267-9862</i>	
Submitted by: <i>Alex Shevtsov</i>		Phone: <i>(503) 706-9131</i>	
Memorial to be placed at: <i>lone fir pioneer cemetery</i>			Cemetery
Name(s) on marker: <i>Viktor Shevtsov</i>			
Interment Right Location:	Lot: <i>261</i>	Space: <i>1</i>	Block: <i>8M</i>

Every border must be marked with the lot, space and block number of the Cemetery in which it is placed. Burial space information must be stamped in the following order on the bottom portion of the border: **lot information** in the far left corner, **space information** centered, and **block information** on the far right corner.

Flat:
(Single, Companion, Vase, etc.)

Marker Dimensions			Total Footprint (Including border)		
Width	Depth	Height (thickness)	Width	Depth	Height

Upright:
(Monument, Pillow, Slant, etc.)

Concrete/Granite Border			Base			Die			Height (top to ground)
Width	Depth	Height	Width	Depth	Height	Width	Depth	Height	Height
			<i>36</i>	<i>12</i>	<i>8</i>	<i>24</i>	<i>8"</i>	<i>34"</i>	<i>42.25</i>

Engraving Only

In consideration for permission to install a marker in a Metro Cemetery, the Owner represents, warrants, acknowledges and agrees to the following:

1. The Owner either owns the interment rights or has the right of disposition for the interment rights.
2. Owner acknowledges and agrees to comply with the Metro Historic Cemeteries Memorial Marker Installation Requirements.
3. Owner must forward a copy of the signed proof for the Memorial to Metro before the Company installs the marker. The proof must include a drawing of the total footprint of the Memorial.
4. The Owner authorizes the Company to install the Memorial and has informed the Company of the requirement to comply with all applicable Metro policies, including without limitation the Metro Historic Cemeteries Memorial Installation Requirements.
5. The Owner shall indemnify Metro, its elected officials, officers and employees ("Metro") and hold Metro harmless against any and all claims, loss, damages, or costs resulting from or arising out of the installation of the marker, including without limitation any errors, defects, flaws or mistakes with the installation of the marker or with the finish, lettering, size, accuracy of dates, emblems or the omission of same, quality or workmanship of the marker.
6. Metro shall not be responsible for theft of, damage to, or deterioration of the Memorial.

Signature of Owner:	Print Name: <i>Aleksandr Shevtsov</i>	Date: <i>06/3/2016</i>
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APPROVED BY METRO CEMETERY: _____ Date: _____

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MULTNOMAH COUNTY BOARD OF COMMISSIONERS' MEETING
PUBLIC COMMENT SIGN-UP SHEET

Please complete this form and return to the Board Clerk
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MEETING DATE: August 4, 2014

AGENDA ITEM # OR NON-AGENDA SUBJECT:

FOR: AGAINST:

NAME: Lightning Watchdog PDX

CONTACT INFORMATION (optional):

ADDRESS:

CITY/STATE/ZIP:

PHONE: E-MAIL:

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MULTNOMAH COUNTY BOARD OF COMMISSIONERS' MEETING
PUBLIC COMMENT SIGN-UP SHEET

Please complete this form and return to the Board Clerk
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MEETING DATE: 8/4/14

AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: Comment

FOR: _____ AGAINST: _____
NAME: JOSEPH WALKER

CONTACT INFORMATION (optional):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ E-MAIL: _____

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MULTNOMAH COUNTY BOARD OF COMMISSIONERS' MEETING
PUBLIC COMMENT SIGN-UP SHEET

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MEETING DATE: 8-04-2016

AGENDA ITEM # OR NON-AGENDA SUBJECT: Notice of Tort Claim

FOR: AGAINST:

NAME: BARRY JOE STULL

CONTACT INFORMATION (optional):

ADDRESS: 10852 SE STARK ST. UNIT 5

CITY/STATE/ZIP: PORTLAND OREGON 97216

PHONE: no phone / disability E-MAIL: cannabisboo@yahoo.com

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MULTNOMAH COUNTY BOARD OF COMMISSIONERS' MEETING
PUBLIC COMMENT SIGN-UP SHEET

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MEETING DATE: 8/4/16

AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: Domestic Violence Support

FOR: _____ AGAINST: _____

NAME: Atefeh Charkhsaz (Ah-t-fa) (Atfa Charkhsaz)

CONTACT INFORMATION (optional):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ E-MAIL: _____

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**MULTNOMAH COUNTY BOARD OF COMMISSIONERS' MEETING
PUBLIC COMMENT SIGN-UP SHEET**

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MEETING DATE: _____

AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: Internship

FOR: _____ AGAINST: _____

NAME: Brodie Graham

CONTACT INFORMATION (*optional*):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ E-MAIL: _____

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MEETING DATE: _____

AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: Internship For Summer Workers

FOR: _____ AGAINST: _____

NAME: Isabella Orduna

CONTACT INFORMATION (*optional*):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ E-MAIL: _____

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MEETING DATE: _____

AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: Public Testimony

FOR: _____ AGAINST: _____

NAME: ARTIST "LAURA VANDERLYN"

CONTACT INFORMATION (*optional*):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ E-MAIL: _____

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