

**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: Sept 15, 2016

AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: Wapato Facility

FOR: _____ AGAINST: _____

NAME: Ron Swarea

CONTACT INFORMATION (optional):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: 971-223-5128 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.
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7. 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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MEETING DATE: SEP 13-15 2016

AGENDA ITEM # X OR NON-AGENDA SUBJECT: X

FOR: X AGAINST: X

NAME: Lightning WatchDog PDX

CONTACT INFORMATION (optional):

ADDRESS: X

CITY/STATE/ZIP: X

PHONE: X E-MAIL: X

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MEETING DATE: 9/15/16

AGENDA # ____ OR NON-AGENDA SUBJECT: 9/16/16 + 7/16

FOR: _____

AGAINST: 100 MILLION people deserve with incurable

NAME: PAUL, A POLPH, PHILLIPS

CONTACT INFORMATION (*optional*):

ADDRESS: 1212 SW CLAY apt #217

CITY/STATE/ZIP: PORTLAND, OREGON 97201

PHONE: 503-224-9954

EMAIL: _____

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MEETING DATE: 15 SEPT 2016

AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: HOMELESSNESS

FOR: ~~FOR~~ AGAINST: HELPING

NAME: JOAN MEDLIN

CONTACT INFORMATION (optional):

ADDRESS: 6746 SEDIVISION

CITY/STATE/ZIP: PORTLAND, OR 97206-1247

PHONE: 503-788-8937 E-MAIL: _____

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MEETING DATE: September 15, 2016

AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: Wapato

FOR: X AGAINST: _____

NAME: Michelle McLaughlin

CONTACT INFORMATION (optional):

ADDRESS: 16193 NW Ryegrass Street

CITY/STATE/ZIP: Portland, OR 97229

PHONE: 503-939-6332 E-MAIL: mmclaughlin@b4church.org

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MEETING DATE: 9-15-16

AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: Wapato

FOR: X AGAINST: _____

NAME: Jeff Woodward

CONTACT INFORMATION (optional):

ADDRESS: 6045 SW Erickson Ave

CITY/STATE/ZIP: Beaverton OR 97008

PHONE: 971-330-5537 E-MAIL: jeffswoodward@icloud.com

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MEETING DATE: 9/18/2018

AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: Home for

FOR: ☒ AGAINST: _____

NAME: Kevin Fith

everyone
coalition

CONTACT INFORMATION (optional):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ E-MAIL: _____

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MEETING DATE: _____

AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: Shelterless Plan

FOR: _____ AGAINST: _____

NAME: Michael O'Callaghan

CONTACT INFORMATION (*optional*):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ E-MAIL: _____

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Permitted Villages

where? Vacant alleys Approved Private & Public site

what? 25 or Fewer persons

Fenced

Self Governing

Responsible For all consumption

Toilet
water
garbage
electricity

A community agreement

Only wood structures

Non Violence Training

FREE PERMIT

The county shall issue a village permit
To three or more persons who have:

A community agreement

acceptable Place

completed non-violence training

The permit shall remain valid as long as
all of the conditions are met. There
shall be no other conditions.

Each shall select a village name.

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MEETING DATE: 09-15-2016

AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: _____

FOR: _____ AGAINST: _____

NAME: Matthew Charles Cardinale

CONTACT INFORMATION (optional):

ADDRESS: 555 NW Park Ave Apt 314

CITY/STATE/ZIP: Portland OR 97209

PHONE: (504) 831-6549 E-MAIL: matthew.cardinale@gmail.com

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MEETING DATE: 15 Sep '16

AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: pub. comm

FOR: _____ AGAINST: _____

NAME: Charles JOHNSON

CONTACT INFORMATION (*optional*):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ E-MAIL: _____

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MEETING DATE: Sept. 15, 2016

AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: WAZA RE-PURPOSING

FOR: X AGAINST: _____

NAME: CHARLES ONG

CONTACT INFORMATION (*optional*):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ E-MAIL: _____

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