

**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: 4/3/17

AGENDA # _____ OR NON-AGENDA SUBJECT: COMMUNICATIONS

FOR: _____ AGAINST: _____

NAME: JOE WATSON

CONTACT INFORMATION (optional):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

EMAIL: _____

IF YOU WISH TO ADDRESS THE BOARD IN PERSON:

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.
4. Presenters are called to testify in the order forms are received. The Presiding Officer may rearrange the order testimony is given or ask Invited Guests or Elected Officials to speak first.
5. Public testimony is limited to **3 minutes or less** per person unless otherwise directed by the Chair, who is the Presiding Officer.
6. If submitting handouts to be given to the Board, 7 copies are required. If one copy is provided, it will be received for the file and electronically shared with the Board after the meeting.
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.
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 reasonable 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.

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 record.

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MEETING DATE: April 3, 2014

AGENDA # R.1 OR NON-AGENDA SUBJECT: _____

FOR: X AGAINST: _____

NAME: David White

CONTACT INFORMATION (optional):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ EMAIL: _____

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Multnomah County Board of Commissioners
Testimony in Support of Proposed Ordinance
Implementing a Licensing Program
For Solid Waste and Recycling Services

April 4, 2014

Good morning Chair Madrigal and Commissioners. My name is Dave White. I am regional representative for the Oregon Refuse and Recycling Association, a voluntary-member industry association. In that position, I represent the following member companies that currently provide solid waste and recycling collection services in unincorporated Multnomah County:

- Arrow Sanitary Service
- Hoodview Disposal and Recycling
- Republic Services of Portland
- Rockwood Solid Waste and MVS Recycling Services
- Walker Garbage Service
- Waste Management

I have brief comments on their behalf.

Over the last year, the collection companies and I met with county staff to review and provide input on the proposed County Code and Administrative Rules that are before you today. The discussions were very constructive and we appreciate that opportunity.

We support the new regulatory program that is embodied in the proposed addition to County Code and the implementing Administrative Rules. We look forward to continuing to provide quality solid waste and recycling services to residents and businesses in the unincorporated areas outside urban service districts in Multnomah County, and to working in partnership with the County in the future.

We ask that you approve the proposed Ordinance that adds MCC Sections 27.500 to 27.511, Solid Waste and Recycling Management, to Chapter 27.

Thank you.

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MEETING DATE: Thur 3rd Apr '14

AGENDA # R-7 OR NON-AGENDA SUBJECT: _____

FOR: _____ AGAINST: _____

NAME: Charles JOHNSON

CONTACT INFORMATION (optional):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ EMAIL: _____

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