

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

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Please complete this form and return to the Board Clerk

\*\*\*This form is a public record\*\*\*

MEETING DATE: 9/24/14

AGENDA ITEM # \_\_\_\_\_ OR NON-AGENDA SUBJECT: Community Center

FOR: \_\_\_\_\_ AGAINST: \_\_\_\_\_

NAME: JOSEPH WATKINS

CONTACT INFORMATION (optional):

ADDRESS: 1348 SE Division St

CITY/STATE/ZIP: PDY

PHONE: \_\_\_\_\_ 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](http://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](mailto:lynda.grow@multco.us)
2. Written testimony will be entered into and remain a part of the official permanent record.

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MEETING DATE: 9/22/16

AGENDA ITEM # \_\_\_\_\_ OR NON-AGENDA SUBJECT: X

FOR: \_\_\_\_\_ AGAINST: \_\_\_\_\_

NAME: GREGORY ANDERSON

CONTACT INFORMATION (optional):

ADDRESS: 3606 NE 102<sup>ND</sup> AVE

CITY/STATE/ZIP: PORTLAND, OR 97220

PHONE: 503 753-5708 E-MAIL: gja@TRESHARESOURCEPARTN

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MEETING DATE: 9/22/16

AGENDA #      OR NON-AGENDA SUBJECT: CIC Appointments

FOR:   x   AGAINST:         

NAME: Gary Marschke

CONTACT INFORMATION (*optional*):

ADDRESS: 6027 NE 34<sup>th</sup> Ave

CITY/STATE/ZIP: Portland, OR 97211

PHONE: 503-412-8520 EMAIL: marschke.g@gmail.com

## **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](http://multco.us). Click on Government/Board Meetings, and select meeting of your choice.
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MEETING DATE: Thur 22 Sep

AGENDA ITEM # \_\_\_\_\_ OR NON-AGENDA SUBJECT: p.c. (pub. com.)

FOR: \_\_\_\_\_ AGAINST: \_\_\_\_\_

NAME: Charles JOHNSON

CONTACT INFORMATION (*optional*):

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

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