

**MULTNOMAH COUNTY BOARD OF COMMISSIONERS  
PUBLIC TESTIMONY SIGN-UP**

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Please complete this form and return to the Board Clerk

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

MEETING DATE: 8/26/10

SUBJECT: HEALTH CARE

CONTINUED - LAWYERS

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 97207

PHONE:                     

DAYS: —

EVENINGS: —

EMAIL: —

FAX: —

SPECIFIC ISSUE: SAME

WRITTEN TESTIMONY: NO

**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.