

**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: April 12, 2008

AGENDA ITEM # — OR NON-AGENDA SUBJECT: —

FOR: — AGAINST: —

NAME: —

CONTACT INFORMATION (optional):

ADDRESS: Lightning Super Creativity Watchdog

CITY/STATE/ZIP: —

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 of the agenda and the order in which 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 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.
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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. The Rules of Conduct are posted and available in back of the room.

**IF YOU WISH TO SUBMIT WRITTEN COMMENTS TO THE BOARD IN LIEU OF GIVING ORAL COMMENTS:**

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MEETING DATE: April 12 201

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

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

NAME: STUART F. EMMONS

CONTACT INFORMATION (*optional*):

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

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

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

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MEETING DATE: 4/12/18

AGENDA ITEM # \_\_\_\_\_ OR NON-AGENDA SUBJECT: LIBERTY AND JUSTICE

FOR: \_\_\_\_\_ AGAINST: QZ all #5

NAME: INJURED AND PISSHOFF

CONTACT INFORMATION (optional):

ADDRESS: 1212 SW CLAY apt #217

CITY/STATE/ZIP: PORTLAND, OREGON 97201

PHONE: 503-224-9954 E-MAIL: ✓

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

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

NAME: Bruce Broussard

CONTACT INFORMATION (optional): 1-125

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

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

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

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MEETING DATE: 11/12/18

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

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

NAME: Joseph W. Ace

CONTACT INFORMATION (*optional*):

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

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

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

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MEETING DATE: 4/12/18

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

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

NAME: Jim D. Whittenburg

CONTACT INFORMATION (optional):

ADDRESS: 3637 SE Sandy

CITY/STATE/ZIP: Portland, OR 97082

PHONE: 503 830 4164 E-MAIL: JWhittenburg1939@gmail.com

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MEETING DATE: \_\_\_\_\_

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

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

NAME: Steve Chancellor

CONTACT INFORMATION (optional):

ADDRESS: P.O. Box 217

CITY/STATE/ZIP: Corbett, OR.

PHONE: 971 212 5878 E-MAIL: steve.budger@multco.us

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MEETING DATE: April 12, 2018

AGENDA ITEM # \_\_\_\_\_ OR NON-AGENDA SUBJECT: Participatory Budgeting Forum

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

NAME: Alison Hilkiah

CONTACT INFORMATION (*optional*): \_\_\_\_\_

ADDRESS: 8611 SE Knapp St

CITY/STATE/ZIP: Portland OR 97266

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

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MEETING DATE: 4/12

AGENDA ITEM # \_\_\_\_\_ OR NON-AGENDA SUBJECT: Good Governance

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

NAME: Yu Te

CONTACT INFORMATION (*optional*):

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

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

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

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