

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: _____

AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: _____

FOR: _____ AGAINST: _____

NAME: Mami German

CONTACT INFORMATION (*optional*):

ADDRESS: _____

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.
9. All meetings are audio and video recorded and captioned and can be viewed at http://multnomah.granicus.com/ViewPublisher.php?view_id=3
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.

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AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: _____

FOR: _____ AGAINST: _____

NAME: Joel Walsh

CONTACT INFORMATION (optional):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ E-MAIL: _____

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MEETING DATE: 12-13-18

AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: _____

FOR: _____ AGAINST: _____

NAME: Maggie

CONTACT INFORMATION (optional):

ADDRESS: Housing

CITY/STATE/ZIP: _____

PHONE: _____ E-MAIL: _____

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AGENDA ITEM # ____ OR NON-AGENDA SUBJECT: View Point Inn

FOR: X AGAINST: _____

NAME: Brian Emerick

CONTACT INFORMATION (optional):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ E-MAIL: _____

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AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: ViewPoint Inn

FOR: X AGAINST: _____

NAME: Jessica Engeman

CONTACT INFORMATION (optional):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ E-MAIL: _____

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AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: View Point Inn

FOR: X AGAINST: _____

NAME: Heiner Fruehauf

CONTACT INFORMATION (optional):

ADDRESS: _____

CITY/STATE/ZIP: _____

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AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: View Point Inn

FOR: X AGAINST: _____

NAME: Sheron Fruehauf

CONTACT INFORMATION (optional):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ E-MAIL: _____

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AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: View Point

FOR: X AGAINST: _____

NAME: Laurie Regan

CONTACT INFORMATION (optional):

ADDRESS: 107 NE Cook St.

CITY/STATE/ZIP: Portland, OR 97212

PHONE: (503) 984-9197 E-MAIL: lregan@nunm.edu

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AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: View Point Inn

FOR: AGAINST: _____

NAME: Chuck Rollins

CONTACT INFORMATION (optional):

ADDRESS: _____

CITY/STATE/ZIP: _____

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AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: View Point Inn

FOR: X AGAINST: _____

NAME: Bryan Dickerson

CONTACT INFORMATION (optional):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ E-MAIL: _____

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AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: View Point Inn

FOR: X AGAINST: _____

NAME: Karlyn Aho

CONTACT INFORMATION (optional):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ E-MAIL: _____

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AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: View Point Inn

FOR: X AGAINST: _____

NAME: Aaron Blake

CONTACT INFORMATION (optional):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ E-MAIL: _____

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AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: View Point Inn

FOR: AGAINST: _____

NAME: Kathy Freund

CONTACT INFORMATION (optional):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ E-MAIL: _____

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AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: View Point Inn

FOR: X AGAINST: _____

NAME: Randi Trani

CONTACT INFORMATION (optional):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ E-MAIL: _____

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After
Viewpoint

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MEETING DATE: 12/13/18

AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: ✓

FOR: _____ AGAINST: _____

NAME: Michael Laug, Friends of the Col. Gorge

CONTACT INFORMATION (optional):

ADDRESS: 333 SW 5th Ave, Ste 300

CITY/STATE/ZIP: Portland

PHONE: _____ E-MAIL: michael@gorgefriends.org

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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: _____

AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: _____

FOR: _____ AGAINST: _____

NAME: JEFF K LANDON

CONTACT INFORMATION (*optional*):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ E-MAIL: _____

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

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MEETING DATE: Thurs 13 Dec MXXVIII

AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: public comment

FOR: _____ AGAINST: _____

NAME: Charles Bridger Ane JOHNSON

CONTACT INFORMATION (optional):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ E-MAIL: _____

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

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MEETING DATE: 12-13-2018

AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: X

FOR: _____ AGAINST: _____

NAME: Ron Swaren

CONTACT INFORMATION (optional):

ADDRESS: 1543 SE Hamlet/Ka 51

CITY/STATE/ZIP: La Harve, OR 97202

PHONE: 971-223-5178 E-MAIL: _____

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

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MEETING DATE: 12/13/18

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

FOR: _____ AGAINST: _____

NAME: Mary Bowers

CONTACT INFORMATION (optional):

ADDRESS: 8915 N Woolsey Ave

CITY/STATE/ZIP: PHO OR 97203

PHONE: 503 720 1213 E-MAIL: privatmary@gmail.com

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AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: _____

FOR: _____ AGAINST: _____

NAME: PATRICK KANE

CONTACT INFORMATION (optional):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ E-MAIL: _____

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