

PIE95C Say Oregon Mental Health Care
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: 9-13-18

AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: Peer Repk

FOR: / AGAINST: /

NAME: Kevin Fitts

CONTACT INFORMATION (optional):

ADDRESS: Oregon Mental Health Consumers Association

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 rearrange 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.

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: boardclerk@multco.us
2. Written testimony will be entered into and remain a part of the official permanent record.

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AGENDA ITEM # ____ OR NON-AGENDA SUBJECT: TRICK OR TREAT
OHSU INVESTIGATION

FOR: _____ AGAINST: _____

NAME: INJURED AND PTSSSED OFF

CONTACT INFORMATION (optional):

ADDRESS: 1212 S.W CLAY apt #217

CITY/STATE/ZIP: PORTLAND OREGON 97201

PHONE: 503-224-9954 E-MAIL: _____

IF YOU WISH TO ADDRESS THE BOARD IN PERSON:

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PORTLAND CITY COUNCIL
COMMUNICATION REQUEST
Wednesday Council Meeting 9:30 AM

AUDITOR 08/31/18 PM12:33

Council Meeting Date: 10/31/18

Today's Date 8/31/18

Name INJURED AND PISSEPOFF

Address 1212 S.W CLAY APT #217

Telephone 503-224-9954 Email

Reason for the request:

WANTED HONEST ATTORNEY + ED TABOR -
- LIARS + LIBERTY AND JUSTICE FOR ALL

Injured and Pissed off
(signed)

- Give your request in writing to the Council Clerk's office to schedule a date for your Communication. Use this form or email the information to the Council Clerk at the email address below.
- You will be placed on the Wednesday official Council Agenda as a "Communication." Communications are the first item on the Agenda and are taken at 9:30 a.m. A total of five Communications may be scheduled. Individuals must schedule their own Communication.
- You will have 3 minutes to speak and may also submit written testimony before or at the meeting. Communications allow the Council to hear issues that interest our citizens, but do not allow an opportunity for dialogue.

Thank you for being an active participant in your City government.

Contact Information:

Karla Moore-Love, City Council Clerk
1221 SW 4th Ave, Room 130
Portland, OR 97204-1900
(503) 823-4086
email:
Karla.Moore-Love@portlandoregon.gov

Sue Parsons, Assistant Council Clerk
1221 SW 4th Ave., Room 130
Portland, OR 97204-1900
(503) 823-4085
email:
Susan.Parsons@portlandoregon.gov

WIFEY TAKES ON THE WHITE WHOPPER

**MULTNOMAH COUNTY BOARD OF COMMISSIONERS' MEETING
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MEETING DATE: Sept 13 2018

AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: _____

FOR: _____ AGAINST: _____

NAME: Lightning Super Creativity Disrupt Attack Day

CONTACT INFORMATION (optional):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ E-MAIL: _____

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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: boardclerk@multco.us
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MEETING DATE: Sept 13th MMXVIII

AGENDA ITEM # N/A OR NON-AGENDA SUBJECT: Public Comment

FOR: _____ AGAINST: _____

NAME: Charles Bridgecrane JOHNSON

CONTACT INFORMATION (*optional*):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ E-MAIL: _____

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AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: _____

FOR: _____ AGAINST: _____

NAME: CS DAY

CONTACT INFORMATION (*optional*):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ E-MAIL: _____

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FOR: _____ AGAINST: _____

NAME: Abigail Wells

CONTACT INFORMATION (*optional*):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ E-MAIL: _____

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AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: _____

FOR: _____ AGAINST: _____

NAME: Janie Marsh

CONTACT INFORMATION (*optional*):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ E-MAIL: _____

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AGENDA ITEM # ~~7~~ OR NON-AGENDA SUBJECT: _____

FOR: _____ AGAINST: _____

NAME: ONESHA Cochran

CONTACT INFORMATION (optional):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ E-MAIL: _____

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AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: _____

FOR: _____ AGAINST: _____

NAME: JEFF LANDON

CONTACT INFORMATION (optional):

ADDRESS: 532 NW Everett St

CITY/STATE/ZIP: 97205 #217

PHONE: _____

E-MAIL: I AM JEFF LANDON @GMAIL

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FOR: _____ AGAINST: _____

NAME: Tony Vezina

CONTACT INFORMATION (*optional*):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ E-MAIL: _____

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