

MULTNOMAH COUNTY BOARD OF COMMISSIONERS  
PUBLIC TESTIMONY SIGN-UP

Please complete this form and return to the Board Clerk

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

MEETING DATE:

4/28/11

SUBJECT:

INJURIES

AGENDA NUMBER OR TOPIC: —

FOR: — AGAINST: — THE ABOVE AGENDA ITEM

NAME:

PAUL, ADOLPH, PHILLIPS

ADDRESS:

1212 SW CLAY apt # 217

CITY/STATE/ZIP:

PORTLAND, OR 97201

PHONE:

DAYS:

503-224-9954

EVENINGS:

EMAIL:

FAX:

SPECIFIC ISSUE:

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.