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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 # _____ OR NON-AGENDA SUBJECT: _____

FOR: _____ AGAINST: _____

NAME: Lightning RE HOMELESS &

CONTACT INFORMATION (optional):

BIKE PATH MEMORIAL DOCK

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ EMAIL: _____

IF YOU WISH TO ADDRESS THE BOARD IN PERSON:

1. Fill out this form and submit to the Board Clerk.
2. Non-Agenda items will be called immediately after the vote on the Consent Agenda.
3. Agenda items will be called during that item's presentation, before the vote is taken.
4. Presenters are called to testify in the order forms are received. The Presiding Officer may rearrange the order testimony is given or ask Invited Guests or Elected Officials to speak first.
5. Public testimony is limited to **3 minutes or less** per person unless otherwise directed by the Chair, who is the Presiding Officer.
6. If submitting handouts to be given to the Board, 7 copies are required. If one copy is provided, it will be received for the file and electronically shared with the Board after the meeting.
7. All meetings are audio and video recorded and can be viewed at: multco.us. Click on Government/Board Meetings, and select meeting of your choice.
8. When your name is called, come forward and be seated at the presenter's table; state your name for the record and speak clearly into the microphone.
9. A buzzer will signify the end of your allotted time.
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 reasonable 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.

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

MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP



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SUBJECT: RESUME MEETING DATE: 11/7/13
10/31/13
AGENDA NUMBER OR TOPIC: RE: BLIND

FOR: _____ AGAINST: _____ THE ABOVE AGENDA ITEM

NAME: PAUL, ADOLPH, PHILLIPS
ADDRESS: 1212 S.W. #3 CLAY apt #217
CITY/STATE/ZIP: PORTLAND, OREGON 97201
PHONE: _____ DAYS: _____ EVES: _____
EMAIL: _____ FAX: _____

IF YOU WISH TO ADDRESS THE BOARD IN PERSON:

1. Please complete this form and submit to the Board Clerk.
2. Public comment on non-agenda items is at the beginning of the board meeting, immediately after the consent agenda vote. Public comment on current agenda items, occurs at the end of the presentation of that item. Submittal of this form at the beginning of the meeting is appreciated.
3. Individuals making public comment will be called up in the order these forms are received. The Chair may call on Invited Guests or Elected Officials to speak first.
4. When your name is called, come forward & be seated at the Presenter's table.
5. When it is your turn, start by stating your name for the record. Make sure to speak clearly into the microphones. All meetings are recorded.
6. Public comment is limited to **3 minutes** per person, but the Chair has the authority to shorten time, based on the number of folks testifying.
7. If you wish to present written documentation with your oral comments, please bring 7 copies and submit to the Board Clerk, who will distribute them to the Commissioners. Your testimony will be kept permanently.

IF YOU WISH TO SUBMIT WRITTEN INSTEAD OF ORAL COMMENTS TO THE BOARD:

1. Please complete this form along with your written testimony and return to the Board Clerk at the meeting, or submit by e-mail at: lynda.grow@multco.us
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X

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AGENDA # _____ OR NON-AGENDA SUBJECT: _____

FOR: _____ AGAINST: _____

NAME: _____

EOE WALSH

SHERIFF

OVER TIME

CONTACT INFORMATION (optional):

ADDRESS: _____

7348 SE Division St

CITY/STATE/ZIP: _____

PSY

PHONE: _____

EMAIL: _____

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