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MAIL COMPLETED FROM TO: SURVEY Year: 17 SURVEY YEAR: 141200260 Survey Year: 17 Survey Year: 17 Survey Year: 18 Survey Year: 17 Survey Year: 18 Survey Year: 18 Survey Year: 18 Survey Year: 18 Survey Year: 19 Survey Year:											
EEO-4 Reporting Center PO Box 8127 Restot VA 20195 A. TYPE OF GOVERNMENT (Check one box only) 1. State 2. County 3. City 4. Township 5. Special 6. Other (Specify) B. IDENTIFICATION 1. NAME OF POLITICAL JURISDICTION (If same as label, skip to Item C) MULTNOMAH COUNTY 2. AddressNumber and Street CITY/TOWN COUNTY STATE-ZIP ORLY 501 SE Hawthorne BV STE 600 PORTLAND MULTNOMAH COUNTY CFUNCTION (Check one box to indicate the function(s) for which this form is being submitted. Data should be reported for all departments and agencies in your government covered by the function(s) indicated. If you cannot supply the data for every agency within the function(s) attach a list showing name and address of agencies whose data are not included.) 3. L'Hanucial Administration. Tax billing and collection, budgeding, purchasing, central accounting and similar financial administration agencies, central accounting and similar financial administration of trees, auditory or compositioners, central accounting and similar financial administration of trees, auditory or compositioners, central accounting and similar financial administration of public assistance. (Popular construction and agencies, central accounting and similar financial administration of trees, auditory or compositioners, central accounting and similar financial administration of trees, auditory or compositioners, central administration of trees, auditory or compositioners, central administration of trees, auditory or compositioners, central administration of trees, auditory or commissioners, central administration of trees, auditory or commissioners, central administration of trees, administration of trees, auditory or commissioners, central administration or force and central administration of trees, auditory or commissioners, central administration or force, and administration of trees, and administration of public assistance. (Hospitals and sanatonium should be reported as item?). 4. PARKS AND RICEATION, Devision, maintenance and operation of pu		DO NOT ALTER INFORMATION PRINTED IN THIS BOX MAIL COM									
1. State		CONTROL NUMBER : 41200260 Survey Year : 17 EEO-4									
1. State				A. TYPE (OF GOVERNM	ENT (Check or	ne box only)				
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employees. (Report any forest fire protection activities as item 6.) 6. NATURAL RESOURCES. Agriculture, forestry, forest fire protection, irrigation drainage, flood control, etc., and PARKS AND RECREATION. Provision, maintenance and operation of parks, playgrounds, swimming pools, auditoriums, museums, marinas, zoos, etc.	V	4. POLICE PROTECTION. Duties of a police department sheriff's, constable's, coroner's office, etc., including technical and clerical					12. UTILITIES AND TRANSPORTATION. Includes water supply, electric power, transit, gas, airports, water transportation and terminals				
irrigation drainage, flood control, etc., and PARKS AND RECREATION. Provision, maintenance and operation of parks, playgrounds, swimming pools, auditoriums, museums, marinas, zoos, etc.	5. FIRE PROTECTION. Duties of the uniformed fire force and clerical					collection and disp	posal. Provision, m	aintenance and op	•		
7. HOSPITALS AND SANATORIUMS. Operation and maintenance of 15. OTHER (Specify on Page Four)		irrigation drainage. PARKS AND REC parks, playgrounds zoos, etc.	, flood control, etc CREATION. Provi s, swimming pools.	., and sion, maintenance , auditoriums, mus	and operation of seums, marinas,	<u> </u>			TATE GOVERNM	ENTS ONLY	

institutions for inpatient medical care.

(Lines 75-82)

FUNCTION TYPE 1										
REMARKS (List National Crime Information Center (NCIC) number assigned to any Criminal Justice Agencies whose data are included in this report)										
LIST AGENCIES INCLUDED ON THIS FORM										
CERTIFICATION. I certify that the information given in this report is correct and true to the best of my knowledge and was reported in accordance with accompanying instructions. (Willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.)										
NAME OF PERSON TO	CONTACT REGARDING THE	S FORM	TITLE							
	Jonathan Ostar		Civil Rights Administrator							
ADDRESS (Number and Street, City, State, Zip Code)			TELEPHONE NUMBER	Ext	FAX NU	JMBER				
501 SE Hawthorne Blvd Ste 600,Portland, OR,OR,97214 503-988-4201										
DATE	EMAIL	TYPED NAME/TITLE OF AUTHORIZED OFFICIAL SIGNATURE				V				
2017-11-21	jonathan.ostar@multco.us	Jonathan Ostar Civil Rights Administrator								

FUNCTION TYPE 2											
REMARKS (List National Crime Information Center (NCIC) number assigned to any Criminal Justice Agencies whose data are included in this report)											
LIST AGENCIES INCLUDED ON THIS FORM											
CERTIFICATION. I certify that the information given in this report is correct and true to the best of my knowledge and was reported in accordance with accompanying instructions. (Willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.)											
NAME OF PERSON TO CONTACT REGARDING THIS FORM			TITLE								
	Jonathan Ostar		Civil	Rights Adminis	strator						
ADDRESS (Number and Street, City, State, Zip Code)			TELEPHONE NUMBER	Ext	FAX NU	JMBER					
501 SE Hawthorne l											
DATE	EMAIL	TYPED NAME/TITLE OF AUTHORIZED OFFICIAL SIG				V					
2017-11-21	jonathan.ostar@multco.us	Jona									

(Lines 75-82)

FUNCTION TYPE 3											
REMARKS (List National Crime Information Center (NCIC) number assigned to any Criminal Justice Agencies whose data are included in this report)											
LIST AGENCIES INCLUDED ON THIS FORM*											
CERTIFICATION. I certify that the information given in this report is correct and true to the best of my knowledge and was reported in accordance with accompanying instructions. (Willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.)											
NAME OF PERSON TO CONTACT REGARDING THIS FORM			TITLE								
	Jonathan Ostar		Civil Rights Administrator								
ADDRESS (Number and Street, City, State, Zip Code)			TELEPHONE NUMBER	Ext	FAX NU	JMBER					
501 SE Hawthorne l											
DATE	EMAIL	TYPED NA	SIGNATURE	V							
2017-11-21	jonathan.ostar@multco.us	Jonathan Ostar Civil Rights Administrator									

		FUNCTION	N TYPE 4						
REMARKS (List National Crime Information Center (NCIC) number assigned to any Criminal Justice Agencies whose data are included in this report)									
LIST AGENCIES INCLUDEI	O ON THIS FORM								
CERTIFICATION. I certify that the information given in this report is correct and true to the best of my knowledge and was reported in accordance with accompanying instructions. (Willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.)									
NAME OF PERSON TO	CONTACT REGARDING THI	TITLE							
	Jonathan Ostar		Civil	Civil Rights Administrator					
ADDRESS (Numb	per and Street, City, State, Zip Coo	de)	TELEPHONE NUMBER	Ext	FAX NU	JMBER			
501 SE Hawthorne Blvd Ste 600, Portland, OR, OR, 97214			503-988-4201						
DATE	EMAIL	TYPED NA	TYPED NAME/TITLE OF AUTHORIZED OFFICIAL SIGNATURE						
2017-11-21	jonathan.ostar@multco.us	Jonathan Ostar Civil Rights Administrator							

FUNCTION TYPE 8											
REMARKS (List National Crime Information Center (NCIC) number assigned to any Criminal Justice Agencies whose data are included in this report)											
LIST AGENCIES INCLUDED ON THIS FORM*											
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NAME OF PERSON TO CONTACT REGARDING THIS FORM			TITLE								
	Jonathan Ostar		Civil Rights Administrator								
ADDRESS (Number and Street, City, State, Zip Code)			TELEPHONE NUMBER	Ext	FAX NU	JMBER					
501 SE Hawthorne I	Blvd Ste 600,Portland, OR,OR,97	503-988-4201									
DATE	EMAIL	TYPED NA	SIGNATURE	V							
2017-11-21	jonathan.ostar@multco.us	Jonathan Ostar Civil Rights Administrator									

(Lines 75-82)

FUNCTION TYPE 10									
REMARKS (List National Crime Information Center (NCIC) number assigned to any Criminal Justice Agencies whose data are included in this report)									
LIST AGENCIES INCLUDED ON THIS FORM									
CERTIFICATION. I certify that the information given in this report is correct and true to the best of my knowledge and was reported in accordance with accompanying instructions. (Willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.)									
NAME OF PERSON TO	CONTACT REGARDING THI	TITLE							
	Jonathan Ostar		Civil	Rights Adminis	trator				
ADDRESS (Numb	er and Street, City, State, Zip Co	TELEPHONE NUMBER	Ext	FAX NU	JMBER				
501 SE Hawthorne l	Blvd Ste 600,Portland, OR,OR,97	503-988-4201							
DATE	EMAIL	TYPED NA	TYPED NAME/TITLE OF AUTHORIZED OFFICIAL SIGNATURE						
2017-11-21	jonathan.ostar@multco.us	Jonathan Ostar Civil Rights Administrator							

FUNCTION TYPE 11											
REMARKS (List National Crime Information Center (NCIC) number assigned to any Criminal Justice Agencies whose data are included in this report)											
LIST AGENCIES INCLUDED ON THIS FORM*											
CERTIFICATION. I certify that the information given in this report is correct and true to the best of my knowledge and was reported in accordance with accompanying instructions. (Willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.)											
NAME OF PERSON TO CONTACT REGARDING THIS FORM			TITLE								
	Jonathan Ostar		Civil Rights Administrator								
ADDRESS (Number and Street, City, State, Zip Code)			TELEPHONE NUMBER	Ext	FAX NU	JMBER					
501 SE Hawthorne I											
DATE	EMAIL	TYPED NA	SIGNATURE	V							
2017-11-21	jonathan.ostar@multco.us	Jonathan Ostar Civil Rights Administrator									

FUNCTION TYPE 15									
REMARKS (Lis	t National Crime	Information Cen	ter (NCIC) numbe	r assigned to any	Criminal Justice	Agencies whose d	ata are included	in this report)	
LIST AGEN	CIES INCLUDEI	ON THIS FOR	M						
Description of A	gency	Description of A	gency	Description of A	gency Description of Ag		gency	Description of Agency	
	Ambulance		Dog Control		Library		Outstation		Vehicle Maintenance
	Animal Control		Emergency Services		Liquor Commission		Parking Service		Veteran Services
	Cemetery		Manpower		Paramedics		Warehouse Inspector		Youth Bureau
	CETA		Human Resources		Mechanical Maintenance		School for the Retarded		WIN
	Civil Defense		Human Services		Motor Pool		Shop		
	OTHER:		•	•	•	•	•		
	•	_	iven in this report ort are punishable				was reported in a	ccordance with ac	companying
NAME (OF PERSON TO	CONTACT RI	EGARDING TH	S FORM	TITLE				
		Jonathan Ostai	•		Civil Rights Administrator				
ADDRESS (Number and Street, City, State, Zip Code)			TELEPHON	NE NUMBER	Ext	FAX N	UMBER		
501 SE Hawthorne Blvd Ste 600,Portland, OR,OR,97214				503-98	88-4201				
DA	ATE	EM	1AIL	TYPED NA	TYPED NAME/TITLE OF AUTHORIZED OFFICIAL SIGNATURE				
2017-11-21 jonathan.ostar@multco.us Jonathan Ostar Civil Rights Administrator									