

**REQUEST TO APPEAR BEFORE  
THE DURHAM CITY COUNCIL  
AT THE WORK SESSION**

Date: 12 / 26 / 08

Council Work Session Meeting Date: 1 / 8 / 09

Name: Ralph + Tee Williams

Address: 1922 CAPPS ST. Durham 27707

Email address: \_\_\_\_\_

Phone number: (919) 596 7386 Fax number: \_\_\_\_\_

Organization Represented (if any): \_\_\_\_\_

Topic: Statement of presentation you wish to make and statement of action you wish Council to take. Attach additional sheets if necessary.

Repairing of streets in Mtz Village Area

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Signature Ralph Williams

This form must be returned to the Agenda Coordinator by **Monday at 5:00 pm** ten days prior to the City Council Work Session meeting at which you wish to speak. Once this form is submitted, no further reminder will be given. Citizens may call the Agenda Coordinator's Office at 560-4222 to confirm receipt of this form.

Please send this form to: Agenda Coordinator  
City Manager's Office  
101 City Hall Plaza  
Durham, North Carolina 27701  
Fax # (919) 560-4949