

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

Date: 9 / 22 / "

Council Work Session Meeting Date: 10 / 6 / 11

Name: RALPH MCKINNEY

Address: 3104 WINSTON TR

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

Phone number: 919/471-6696 Fax number: \_\_\_\_\_

Organization Represented (if any): H. E. L. P. ESTABLISH LEADERSHIP

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

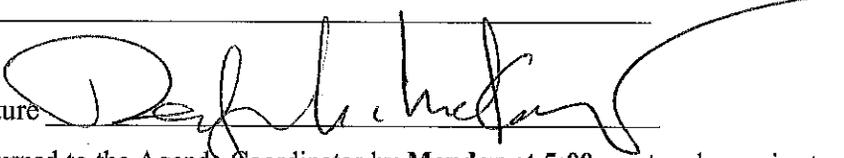
RENEW LEADERSHIP

FOR DURHAM CITIZENS

TO REBUILD DURHAM

WITH VALUE

DOLLARS

Signature 

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