

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

Date: 1/5/12

Council Work Session Meeting Date: 1/19/12

Name: RALPH MCKINNEY

Address: 3104 WINSTON RD

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

Phone number: 919-471-6696 Fax number: ADJUST

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

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

Review for positive

LEADERSHIP TO ADDRESS  
WOMEN & CHILDREN

from 2 parts Homeless  
SEXUAL ABUSE RACIAL

HAVE WITHOUT PROTECTION

By Gledel Rogers

Signature Ralph McKinney

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