

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

Date: 7 / 27 / 2012

Council Work Session Meeting Date: 8 / 9 / 2012

Name: Carl W. Kenney II

Address: 15 Ocean Ct.

Email address: Reucwkii@hotmail.com

Phone number: (919) 530-0582 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.

To request that the Council consider organizing a sub-committee for the purpose of determining those worthy of having streets named after them. The re-naming of streets can become a way to both acknowledge prominent past and present residents of Durham and to educate citizens about Durham's rich history.

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