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

Date: 9 / 20 / 12

Council Work Session Meeting Date: 10 / 4 / 12

Name: RALPH M. McKINNEY

Address: 3104 WINSTON DR

Email address:

Phone number: 919-471-6690 Fax number:

Organization Represented (if any): H.E.E.L.L.P. on 2012

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

TO SEEK INVESTIGATION
Elected Democrat
OF DURHAM Representatives
AS TO WHY THEY FAIL TO
PROTECT WOMEN & MINORITY
FROM RACIAL / SEXUAL ABUSE
SEE ATTACHED

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