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

Date: 9 / 6 / 12

Council Work Session Meeting Date: 9 / 20 / 12

Name: RALPH M. McKINNEY SR

Address: 3104 WINSTON Rd. DURHAM NC 27704

Email address:

Phone number: 919-471.6696 Fax number:

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

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

TO CHALLENGE Elected DURHAM MAYOR & CITY COUNCIL MEMBER

TO ACKNOWLEDGE & APOLOGIZE FOR NOT PROTECTING DURHAM CITIZENS FROM RACIAL SOUTH HATE ACTS

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