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

Date: 6 / 7 / 12

~~Council Work Session~~ Meeting Date: 7 / 19 / 12

Name: RALPH MADSON McKINNEY

Address: 3104 WINSTON Rd

~~Email~~ address: DURHAM NC 27704

Phone number: 919 471 6690 Fax number:

Organization Represented (if any): H. ELIMINATE LYING LIBERAL ~~POLITICIAN~~ PROGRESSIVE POLITICIAN IN 2012

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

WHY? WOULD ELECTED DEMOCRATIC REPRESENTATIVE VOID PROTECTING CIVIL & CONSTITUTIONAL RIGHTS OF WOMEN MINORITIES AND INCITE RACIAL DIVISION FOR THEIR PERSONAL & POWER PROFIT

Signature Ralph Madson 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

See Attached