

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

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Council Work Session Meeting Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone number: \_\_\_\_\_ 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)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you communicated with the Department Director associated with this matter?

Yes or  No! If yes, what was the outcome? \_\_\_\_\_

\_\_\_\_\_

**Presentation:** Will you be presenting a power point presentation or a video?

Yes or  No: *If you have a presentation, please bring your DVD or Flash Drive on the day of the Work Session and see a city staff member at the Staff's Table.*

**\*Please note that you are permitted 3 minutes to speak and make your presentation.**

Signature \_\_\_\_\_

This form must be returned to the Agenda Coordinator by **Monday at 5:00 pm** ten calendar 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