

**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