

AREA COMMISSION APPOINTMENT FORM

The Department of Neighborhoods maintains the database for the Area Commission members in the City of Columbus. The information on this form is used to process the Mayor's appointment and ensure timely and accurate distribution of meeting notices, training opportunities, and other City activities. **Please complete all sections of the form with information about your recently elected/appointed commissioner within seven (7) days of the election/appointment. After completing and signing this form, please return it, along with the appointees resume and/or biography to your Neighborhood Liaison via email.** Please contact your Neighborhood Liaison with any questions or comments.

Please Type

Area Commission Name	Insert AC Name Area Commission <i>North Central</i>	
Please check appropriate box	New appointment ☐ Reappointment ☒	Are there changes to this information? Yes ☐ No ☐
First Name	<i>Alphonso</i>	
Last Name	<i>Hooper</i>	
Title (i.e. officer / commissioner)	<i>Bethany Hills</i>	
Address	<i>2517 Bethesda</i>	
City	<i>Columbus</i>	
State	<i>OH</i>	
Zip Code	<i>43219</i>	
Home Telephone	<i>614 252 2270</i>	
Work Telephone		
Email Address	<i>devia.hooper@yahoo.com</i>	
District/Designation		
Term Start Date	<i>1/1/20</i>	
Term Expiration	<i>12/31/22</i>	
Seat Succession	<i>n/a</i>	

Area Commission Chair Signature *Tiffany White*

ALL SECTIONS OF THIS FORM MUST BE COMPLETED

DISCLAIMER: all information and materials that you submit in support of your appointment as an area commissioner are subject to Ohio Public Records Law