

## 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	
Please check appropriate box	New appointment  Reappointment	Are there changes to this information? Yes No
First Name	Tiffany	
Last Name	White	s •
Title (i.e. officer / commissioner)	Opide Herants	
Address	1204 Wood nell Are	
City	Columbis	
State	Ohio	
Zip Code	43219	
Home Telephone	LO14 570-5369	
Work Telephone		
Email Address	tiffenushik 900 ad.	com
District/Designation	CRIDE HEIGHTS	
Term Start Date	Milzo	
Term Expiration	12/3/12	
Seat Succession	1.0	

Area Commission Chair Signature

\*\*\*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