

## 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.

Area Commission Name	Insert AC Name Area Commission	120011- (20162)
		NORTH CEIGTE
Please check appropriate box	New appointment Reappointment 🔀	Are there changes to this information? Yes No No
First Name	Bee	
Last Name	Tober	
Title (i.e. officer / commissioner)	A+ LARGE	
Address	1893 E. Broad	do not publish
City	(ds	V
State	OH	
Zip Code	43219	
Home Telephone		
Work Telephone	1014 (045-1964	
Email Address	bee to bel (a) amail	con dond pup
District/Designation	At CARGO	
Term Start Date	1/1/20320	
Term Expiration	12/3/ 2022	
Seat Succession		

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