

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 **Northeast Area Commission** Please check Are there changes to this New appointment 🖂 appropriate box information? Yes No Reappointment [First Name Kawther Last Name Musa Title (i.e. officer / Commissioner commissioner) Address 2365 Innis Road Columbus City State Ohio 43224 Zip Code 404-552-8166 Home Telephone Work Telephone 614-235-555 Ext:2254 kawtherhersi@gmail.com **Email Address** District/Designation Framingham Term Start Date 01/01/2021 12/31/2023 Term Expiration Seat Succession Bettie Peaks

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