

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	South Linden Area Commission	
Please check appropriate box	New appointment <input checked="" type="checkbox"/> Reappointment <input type="checkbox"/>	Are there changes to this information? Yes <input type="checkbox"/> No <input type="checkbox"/>
First Name	Tonya	
Last Name	Wade	
Title (i.e. officer / commissioner)	Commissioner	
Address	954 E. 18 th Avenue	
City	Columbus	
State	Ohio	
Zip Code	43211	
Home Telephone	614-323-4375	
Work Telephone		
Email Address	Slac.wade@gmail.com	
District/Designation	District 6	
Term Start Date	3/1/2021	
Term Expiration	12/31/2023	
Seat Succession	Expired term of Mitchell Ellison	

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