

## 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 **Columbus Southside Area Commission Area Commission Name** Please check Are there changes to this New appointment appropriate box information? Yes 🗌 No 🖂 Reappointment X First Name Thomas Last Name Less Title (i.e. officer / Commissioner commissioner) 23 East Gates Street Address Columbus City State Ohio 43206 Zip Code 614-204-1513 Home Telephone Work Telephone tom.less@woolpert.com Email Address District/Designation District 3 1/1/2023 Term Start Date 12/31/2025 Term Expiration Seat Succession Re-elected

\*\*\*ALL SECTIONS OF THIS FORM MUST BE COMPLETED\*\*\*