12/21/3PM



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 Nam	e Southwest Area Commission	
Please check appropriate box	New appointment ☐ Reappointment ⊠	Are there changes to this information? Yes ☐ No ☒
First Name	Kristi y n CO	
Last Name	Hayes	
Title (i.e. officer / commissioner)	Commissioner	
Address	1784 Rock Creek Drive	
City	Grove City	
State	Ohio	
Zip Code	43 2134 3173 RO	
Home Telephone		
Work Telephone		
Email Address	kristinhayes.swac@gmail.com	
District/Designation	At large	
Term Start Date	9/20/2022	
Term Expiration	9/9/2025	
Seat Succession	Re-elected	

Area Commission Chair Signature Elizabeth Reed

ALL SECTIONS OF THIS FORM MUST BE COMPLETED