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** Please check Are there changes to this information? Yes No New appointment appropriate box Reappointment | First Name Last Name Title (i.e. officer / commissioner) 8604 E. 44h A Address Columbus City State Zip Code 614-365-171 Home Telephone Work Telephone angelique ingac comar (. com **Email Address** Milo Grosan Anea Commission District/Designation Term Start Date Term Expiration Seat Succession D9134711/1

Area Commission Chair Signature X

ALL SECTIONS OF THIS FORM MUST BE COMPLETED