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 New appointment information? Yes No No appropriate box Reappointment 3 First Name Last Name Title (i.e. officer / commissioner) 790 E. 3RD Ave Columbus Address City State 43201 Zip Code 414-580-0280 Home Telephone Work Telephone harles, thompkins 18@ qmail, com **Email Address** District/Designation Term Start Date Term Expiration Tharles Thompking Seat Succession

ALL SECTIONS OF THIS FORM MUST BE COMPLETED