

## 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 **Greater South East Area Commission** Please check New appointment | Are there changes to this appropriate box Reappointment [ information? Yes No No First Name Shela Last Name Blanchard Title (i.e. officer / Commissioner commissioner) Address 5015 Labelle Dr. Columbus City State Ohio 43232 Zip Code 614.432.6733 Home Telephone Work Telephone 614.701.3182 **Email Address** Shela1960@gmail.com District/Designation Term Start Date 2/28/23 12/31/25 60 Term Expiration Doug Hatcher Seat Succession

Area Commission Chair Signature // Chill Con

\*\*\*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