

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	Mideast Area Commission	
Please check appropriate box	New appointment 🖂 Reappointment 🗌	Are there changes to this information? Yes \(\square \) No \(\square \)
First Name	Tanya	
Last Name	Johnson	
Title (i.e. officer / commissioner)	Commissioner	
Address	4906 Calvin Dr.	
City	Columbus	
State	OH	
Zip Code	43227	
Home Telephone	614-563-4381	
Work Telephone	614-563-4381	
Email Address	tshort09@yahoo.com	
District/Designation	Willis Park	
Term Start Date	1.1.23	
Term Expiration	12.31.25	
Seat Succession	M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

Area Commission Chair Signature Zuay W. Barrus

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