

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 Are there changes to this New appointment | appropriate box information? Yes No 🖂 Reappointment First Name Denise Last Name Friend Foster Title (i.e. officer / Commissioner commissioner) Address 2894 Dover Rd. Columbus City Ohio State 43209 Zip Code 614.239.4033 Home Telephone Work Telephone 614.239.5788 **Email Address** DeniseFriendFoster@gmail.com District/Designation Berwick Term Start Date 4.18.23 12.31.23 Term Expiration Seat Succession Gregory Lee

Area Commission Chair Signature <u>Recay X Sacrees</u>

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