

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	Insert AC Name Area Commission	
Please check appropriate box	New appointment <input type="checkbox"/> Reappointment <input checked="" type="checkbox"/>	Are there changes to this information? Yes <input type="checkbox"/> No <input type="checkbox"/>
First Name	Seth	
Last Name	Golding	
Title (i.e. officer / commissioner)	Area Commissioner	
Address	43 E. Dodridge Street	
City	Columbus	
State	Ohio	
Zip Code	43202	
Home Telephone	614-375-0872	
Work Telephone		
Email Address	Sethohio63@gmail.com	
District/Designation	District 2	
Term Start Date	01/20/2021	
Term Expiration	01/17/2024	
Seat Succession	Re-elected	

Area Commission Chair Signature _____ *Doreen Uhas Sauer* _____

*****ALL SECTIONS OF THIS FORM MUST BE COMPLETED*****