

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	Columbus South Side 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 checked="" type="checkbox"/>
First Name	Thomas	
Last Name	Less	
Title (i.e. officer / commissioner)	Commissioner	
Address	23 E Gates St	
City	Columbus	
State	OH	
Zip Code	43206	
Home Telephone	614-204-1513	
Work Telephone	614-827-6136	
Email Address	Tless1610@gmail.com	
District/Designation	3	
Term Start Date	1/1/2020	
Term Expiration	12/31/2022	
Seat Succession	Reappointment	

Area Commission Chair Signature _____

James E Guffin

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