

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 5 th by Northwest Area Commission | | |
| Please check appropriate box | New appointment ☐ Reappointment ⊠ | Are there changes to this information? Yes No |
| First Name | William | |
| Last Name | Colgan | * |
| Title (i.e. officer / commissioner) | Area Commissioner | |
| Address | 1176 Glenn Avenue | |
| City | Columbus | |
| State | ОН | |
| Zip Code | 43212 | |
| Home Telephone | 614-536-1308 | |
| Work Telephone | 614-584-1455 | |
| Email Address | colganwm@hotmail.com | |
| District/Designation | At-Large | |
| Term Start Date | 1/1/2025 | |
| Term Expiration | 12/31/27 | |
| Seat Succession | Re-Elected | |

Area Commission Chair Signature

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