

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"/>	Are there changes to this information? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Reappointment X	
First Name	MIN AARON K	
Last Name	HOPKINS	
Title (i.e. officer / commissioner)		
Address	1241 WILSON AVE	
City	Columbus	
State	Ohio	
Zip Code	43206	
Home Telephone	614-935-7333	
Work Telephone		
Email Address	MINAKHOPKINS@GMAIL.COM	
District/Designation	RELIGIOUS SOCIAL SVS	
Term Start Date	2/22/2022	
Term Expiration	12/31/2024	
Seat Succession	SELF	

Area Commission Chair Signature Jim Griffin 3/2/2022

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

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DISCLAIMER: all information and materials that you submit in support of your appointment as an area commissioner are subject to Ohio Public Records Law

Please include a brief bio below: