

## **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.

**Place Type** 

Area Commission Name	University Area Commission	
Please check appropriate box	New appointment Reappointment X	Are there changes to this information? Yes No
First Name	Jeremy	
Last Name	Gabis	
Title (i.e. officer / commissioner)	Commissioner	
Address	595 Sheldon Avenue	
City	Columbus	
State	Ohio	
Zip Code	43207	
Home Telephone		
Work Telephone	614-402-7821	
Email Address	gabis.1@osu.edu	
District/Designation	Ohio State University	
Term Start Date	1/1/24	
Term Expiration	12/31/26	
Seat Succession	Stephen Volkmann	

Area Commission Chair Signature And how San MAS Stud

**\*\*\*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

S:\\ NeighborhoodServicesDivision\AC Appointment Form (2018)