

## COMMUNITY RELATIONS 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 Community Relations Commission** Name Please check Are there changes to this New appointment appropriate box information? Yes No No **Reappointment** First Name Imran Last Name Malik Title (i.e. officer / Commissioner commissioner) Address 4441 Wyandotte Woods Blvd Dublin City State OH 43016 Zip Code 614-209-8742 Home Telephone Work Telephone **Email Address** iahrsmalik@yahoo.com NA District/Designation Term Start Date 02/01/2024 **Term Expiration** 1/31/2027 **Seat Succession** NA

Area (	Commiss	sion	Chair	Signature	

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