

**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	North Linden 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 type="checkbox"/>
First Name	Maryan Abbi	
Last Name	Dualle	
Title (i.e. officer / commissioner)	Commissioner	
Address	4943 Almont Drive	
City	Columbus	
State	Ohio	
Zip Code	43229	
Home Telephone	614-815-9001	
Work Telephone		
Email Address	<u>dualle.nlac@gmail.com</u>	
District/Designation		
Term Start Date	01/01/2024	
Term Expiration	12/31/2026	
Seat Succession	Reappointment	

Area Commission Chair Signature *Maryan Abbi*

**\*\*\*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**