

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 Franklinton Area Commission** Please check Are there changes to this New appointment \bowtie appropriate box information? Yes No No Reappointment [First Name Jason Last Name Boylan Title (i.e. officer / Commissioner commissioner) 164 Hayden Ave. Address Columbus City State Ohio 43222 Zip Code 614-406-4371 Home Telephone Work Telephone N/A **Email Address** boylanjasonc@gmail.com District/Designation Elected Term Start Date 1/1/21 Term Expiration 12/31/2023 **Seat Succession** N/A

Area Commission Chair Signature

ALL SECTIONS OF THIS FORM MUST BE COMPLETED