

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 appointee's resume and/or biography to your Neighborhood Liaison via eMail. Please contact your Neighborhood Liaison with any questions or comments.

Please Type

SOUTH LINDEN AREA COMMISSION

	New Appointment □	Are There Changes To This Information?
Description	Re-Appointment □	Yes 🗆 No 🗆
First Name	Patricia	
Last Name	Duckworth	
Title (i.e., officer/commissioner)	Commissioner	Chair of the Education and Workforce Development Committee
Address	1313 Yorkland Road	
City	Columbus	·
State Zip Code	Ohio 43232	
CELL Phone	(219) 614-9920	
Work Phone		
eMail	slac.duckworth@gmail.com	
District/Designation		
Term Start Date	January 1, 2021	Three (3) Year ReAppointment Effective January 1, 2024
Term Expiration Date	December 31, 2023	December 31, 2026
Seat Succession		Self

Area Commission Chair Signature/Date

LOIS FERGUSON

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.