

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	University Area Commission	
Please check appropriate box	New appointment 🖂 Reappointment 🗌	Are there changes to this information? Yes \(\square \) No \(\square \)
First Name	Kaleb	
Last Name	Duarte	98
Title (i.e. officer / commissioner)	Area Commissioner	
Address	112 W Woodruff Ave 01	
City	Columbus	
State	ОН	
Zip Code	43210	
Home Telephone	614-888-5812	
Work Telephone	N/A	
Email Address	Kaleb.m.duarte@gmail.com	
District/Designation	District 2	
Term Start Date	1/1/26	
Term Expiration	12/31/28	
Seat Succession	Eric Fast	6

Area Commission Chair Signature

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