

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	AC NAME : Westland Area Commission	
Please check appropriate box	New appointment <input checked="" type="checkbox"/> Reappointment <input type="checkbox"/>	Are there changes to this information? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
First Name	Jaelyn	
Last Name	Carr	
Title (i.e. officer / commissioner)	Chief Nursing Officer & Vice President of Patient Care OhioHealth Doctors Hospital	
Address	4694Riverwood Drive	
City	Hilliard	
State	OH	
Zip Code	43026	
Home Telephone	614-314-0888	
Work Telephone	614-544-2864	
Email Address	Jaelyn.carr@ohiohealth.com	
District/Designation	Westland	
Term Start Date	4/19/2023	
Term Expiration	12/31/2023	
Seat Succession	#15	

Area Commission Chair Signature Scott Taylor

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