

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	Far West Side Area Commission	
Please check appropriate box	New appointment Reappointment	Are there changes to this information? Yes No
First Name	Jim	
Last Name	Garrett	
Title (i.e. officer / commissioner)	Commissioner	
Address	5946 Signature Dr.	
City	Galloway	
State	Ohio	
Zip Code	43119	
Cell Telephone	614-570-4138	
Work Telephone	N/A	
Email Address	jgarrett.fwsac@gmail.com	
District/Designation	Far West Side	
Term Start Date	1/1/2025	
Term Expiration	12/31/2027	
Seat Succession		

Area Commission Chair Signature Sharon Rastatta

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