

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	Columbus Mideast Area Commission	
Please check appropriate box	New appointment Reappointment X	Are there changes to this information? Yes X No <input type="checkbox"/>
First Name	Shirley	
Last Name	Marshall	
Title (i.e., officer / commissioner)	Chair / Commissioner	
Address	2500 Park Crescent Drive	
City	Columbus	
State	Ohio	
Zip Code	43232	
Home Telephone	614-724-0100	
Work Telephone	N/A	
Email Address	<u>ehampton.mac@gmail.com</u>	
District/Designation	East Hampton Civic/Main & Barnett Civic/Livingston Heights Place	
Term Start Date	1/1/2025	
Term Expiration	12/31/2027	
Seat Succession	Shirley Marshall	

Area Commission Chair Signature: *Jelicia A. Sander 2/5/2025*

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