


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	5 th by Northwest Area Commission	
Please check appropriate box	New appointment <input type="checkbox"/> Reappointment <input checked="" type="checkbox"/>	Are there changes to this information? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
First Name	Kristian	
Last Name	Sims	
Title (i.e. officer / commissioner)	Commissioner	
Address	1486 Virginia Ave	
City	Columbus	
State	OH	
Zip Code	43212	
Home Telephone	614-832-5635	
Work Telephone		
Email Address	<u>kristiansims42@gmail.com</u>	
District/Designation		
Term Start Date	1/1/2023	
Term Expiration	12/31/2025	
Seat Succession	self	

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