

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	Franklinton Area Commission	
Please check appropriate box	New appointment ⊠ Reappointment □	Are there changes to this information? Yes ☐ No ☐
First Name	Tristan	
Last Name	Clingo	
Title (i.e. officer / commissioner)	Commissioner	
Address	205 N Hague Ave	
City	Columbus	
State	ОН	
Zip Code	43204	
Home Telephone	614-271-8991	
Work Telephone	N/A	
Email Address	tristan.c.ghac@gmail.com	
District/Designation	Resident	
Term Start Date	01/1/2026	
Term Expiration	12/31/2028	
Seat Succession	Erica Howard	

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