

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	Insert AC Name Area Commission	
Please check appropriate box	New appointment <input checked="" type="checkbox"/> Reappointment <input type="checkbox"/>	Are there changes to this information? Yes <input type="checkbox"/> No <input type="checkbox"/>
First Name	OLABISI	
Last Name	EDDY	
Title (i.e. officer / commissioner)	COMMISSIONER	
Address	1559 BERKHARD DR	
City	COLUMBUS	
State	OH	
Zip Code	43223	
Home Telephone	614-668-5033	
Work Telephone	614-400-8712	
Email Address	<u>olabisieddy@gmail.com</u>	
District/Designation	Elected Seat	
Term Start Date	9/1/2021	
Term Expiration	8/30/2024	
Seat Succession	Don Parsons	

Area Commission Chair Signature

[Handwritten Signature] Secretary in lieu of ACC

*****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