

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 Are there changes to this New appointment \bowtie appropriate box information? Yes \square No \boxtimes Reappointment [First Name Ronnette Last Name McKee Title (i.e. officer / Commissioner commissioner) 180 S Terrace Ave Address Columbus City State OH 43204 Zip Code 614-432-2284 Home Telephone Work Telephone N/A **Email Address** Rmckee.ghac@gmail.com District/Designation Resident Term Start Date 03/1/2025 Term Expiration 12/31/2025 **Seat Succession** Rachel Wenning

Area Commission Chair Signature <u>James M. White</u>

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