

**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	<del>Insert AC Name</del> Area Commission South Linden	
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	Wayne	
Last Name	Mason	
Title (i.e. officer / commissioner)	Commissioner	
Address	1052 E. 17th Ave.	
City	Columbus	
State	Ohio	
Zip Code	43211	
Home Telephone	614.441.7911	
Work Telephone	614.441.7911	
Email Address	w.mason50@yahoo.com	
District/Designation		
Term Start Date	04.21.2026	
Term Expiration	12.31.2027	
Seat Succession	Dizna Williams	

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