

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	
	New appointment <input type="checkbox"/> Reappointment <input checked="" type="checkbox"/>	Are there changes to this information? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
First Name	Eric	
Last Name	Skidmore	
Title (i.e. officer / commissioner)	Commissioner	
Address	1091 W. Broad Street	
City	Columbus	
State	Ohio	
Zip Code	43222	
Home Telephone	614-425-7963	
Work Telephone	614-275-4989	
Email Address	Eskidmore.fac@gmail.com	
District/Designation	Appointed – FDA	
Term Start Date	1-1-2023	
Term Expiration	12-31-2025	
Seat Succession	N/A Reappointed	

Area Commission Chair Signature _____ *Jacqueline Miles* _____

*****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