

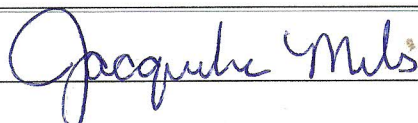
**AREA COMMISSION APPOINTMENT FORM**

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	
<b>Please check appropriate box</b>	New appointment <input checked="" type="checkbox"/> Reappointment <input type="checkbox"/>	Are there changes to this information? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
First Name	Grace	
Last Name	Hand	
Title (i.e. officer / commissioner)	Commissioner	
Address	45 Hawkes Ave	
City	Columbus	
State	Ohio	
Zip Code	43222	
Home Telephone	614-579-7275	
Work Telephone	N/A	
Email Address	gracethompson1655@gmail.com	
District/Designation	Elected	
Term Start Date	1/1/2021	
Term Expiration	12/31/2023	
Seat Succession	N/A	

Area Commission Chair Signature



**\*\*\* ALL SECTIONS OF THIS FORM MUST BE COMPLETED \*\*\***