

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	Westland Area Commission	
Please check appropriate box	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	David	
Last Name	Henderson	
Title (i.e. officer / commissioner)	Commissioner	
Address	5940 Breigha Drive	
City	Galloway	
State	OH	
Zip Code	43119	
Home Telephone	614-385-4885	
Work Telephone	N/A	
Email Address	david.henderson.wac@gmail.com	
District/Designation	Elected Seat #11	
Term Start Date	1/1/2026	
Term Expiration	12/31/2028	
Seat Succession	Re-Elected	

Area Commission Chair Signature _____ *Scott Taylor* _____

***** 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