

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 appointee's resume and/or biography to your Neighborhood Liaison via eMail. Please contact your Neighborhood Liaison with any questions or comments.**

Please Type

SOUTH LINDEN AREA COMMISSION

Description	New Appointment <input type="checkbox"/>	Are There Changes To This Information?
	Re-Appointment <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
First Name	Shelisa N.	
Last Name	Williams	
Title (i.e., officer/commissioner)	Commissioner	Chair of the Public Safety, Services, and Transportation Committee
Address	1113 Vesta Avenue	
City	Columbus	
State Zip Code	Ohio 43211	
CELL Phone	(614) 483-0732	
Work Phone		
eMail	slac5sw@gmail.com	
District/Designation		
Term Start Date	January 1, 2021	Three (3) Year ReAppointment Effective January 1, 2024
Term Expiration Date	December 31, 2023	December 31, 2026
Seat Succession		Self

Area Commission Chair Signature/Date


 LOIS FERGUSON

*****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