

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	Far West Side Area Commission	
Please check appropriate box	New appointment <input type="checkbox"/> Reappointment <input checked="" type="checkbox"/>	Are there changes to this information? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
First Name	Jeffery	
Last Name	Woodson	
Title (i.e. officer / commissioner)	Commissioner	
Address	853 Cove Point Dr.	
City	Columbus	
State	OH	
Zip Code	43228	
Home Telephone	614-204-8968	
Work Telephone	N/A	
Email Address	<u>jwoodson@cscce.edu</u>	
District/Designation	N/A	
Term Start Date	10/27/2020	
Term Expiration	10/24/2023	
Seat Succession	N/A	

Area Commission Chair Signature Shawn Rostales

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