

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 Columbus South Side Area Commission Area Commission Name Please check Are there changes to this New appointment ___ information? Yes \(\subseteq \text{No } \(\subseteq \) appropriate box Reappointment X Kathryn First Name Last Name Green Title (i.e. officer/ Commissioner commissioner) 458 East Whittier Street Address Columbus City Ohio State 43206 Zip Code 614-565-1476 Home Telephone Work Telephone kathrynfgreen@gmail.com Email Address Business At-Large Seat District/Designation 01/01/2024 Term Start Date 12/31/2026 Term Expiration Re-elected Seat Succession

Area Commission Chair Signature James & Hillin

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