

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 University Area Commission** Please check Are there changes to this New appointment appropriate box information? Yes No No Reappointment XFirst Name Doreen Last Name **Uhas-Sauer** Title (i.e. officer / Commissioner commissioner) 2111 Iuka Avenue Address Columbus City Ohio State 43201 Zip Code 614-477-1124 Home Telephone Work Telephone **Email Address** doreencolumbus@icloud.com University District Organization District/Designation Term Start Date 1/1/24 Term Expiration 12/31/26 **Seat Succession**

Area Commission Chair Signature ah h. hhusau

ALL SECTIONS OF THIS FORM MUST BE COMPLETED

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DISCLAIMER: all information and materials that you submit in support of your appointment as an area commissioner are subject to Ohio Public Records Law