

## COMMUNITY RELATIONS 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 Community Relations Commission** Please check Are there changes to this New appointment appropriate box information? Yes No No Reappointment [ First Name Justin Last Name Shaw Title (i.e. officer / Commissioner commissioner) 1005 W. 5<sup>th</sup> Ave. Address Columbus City State Ohio 43212 Zip Code 614.825-6255 Home Telephone Work Telephone Justin Shaw **Email Address** <justin@jewishcolumbus.org> District/Designation Term Start Date 02/01/2021 1/31/2023 Term Expiration **Seat Succession** NA

Area Commission Chair Signature

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