

**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	
<b>Please check appropriate box</b>	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	Kelley	
Last Name	Arnold	
Title (i.e. officer / commissioner)	Commissioner/Zoning Chair	
Address	4936 Inspiration Drive	
City	Hilliard	
State	OH	
Zip Code	43026	
Home Telephone	614-636-0784 (Commission work)	
Work Telephone	614-535-6855 (Personal cell)	
Email Address	karnold.fwsac@gmail.com	
District/Designation	Elected	
Term Start Date	1/1/2023	
Term Expiration	12/31/2025	
Seat Succession	Self	

Area Commission Chair Signature Sharon Rastatter

**\*\*\*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**