

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	Milo - Grogan	
Please check appropriate box	New appointment <input checked="" type="checkbox"/> Reappointment <input type="checkbox"/>	Are there changes to this information? Yes <input type="checkbox"/> No <input type="checkbox"/>
First Name	Linda	
Last Name	Hampton	
Title (i.e. officer / commissioner)	Commissioner	
Address	657 EAST 4 th Avenue	
City	Columbus	
State	Ohio	
Zip Code	43201	
Home Telephone	(614) 852-0424	
Work Telephone		
Email Address	lhwingg0@gmail.com	
District/Designation	Milo Grogan	
Term Start Date	11/01/2018	
Term Expiration	09/01/2020	
Seat Succession		

Area Commission Chair Signature

Chris Hampton

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