

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 Far South Columbus Area Commission Area Commission Name Please check Are there changes to this New appointment appropriate box information? Yes No No **Reappointment** \boxtimes First Name Sheila Last Name Eubanks Title (i.e. officer / Commissioner commissioner) 1696 Burley Dr Address Columbus City State Ohio 43207 Zip Code Home Telephone (614) 354-1282 Work Telephone **Email Address** sheilaEubanks@aol.com At-Large District/Designation Term Start Date 01/01/2025 12/31/2027 **Term Expiration**

Area Commission Chair Signature _____ Rebecca Walcott

Sheila Eubanks

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

Seat Succession