


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	North Linden Area Commission	
Please check appropriate box	New appointment <input type="checkbox"/> Reappointment <input checked="" type="checkbox"/>	Are there changes to this information? Yes <input type="checkbox"/> No <input type="checkbox"/>
First Name	Oluwafunminiyi "Daniel"	
Last Name	Ajayi	
Title (i.e. officer / commissioner)	Commissioner	
Address	1830 Forest Maple Lane	
City	Columbus	
State	Ohio	
Zip Code	43229	
Home Telephone	614-695-0085	
Work Telephone		
Email Address	drdanielnlac@gmail.com	
District/Designation	Non-Resident	
Term Start Date	01/01/2023	
Term Expiration	12/31/2025	
Seat Succession	Reappointment	

Area Commission Chair Signature  _____

*****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