

**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 checked="" type="checkbox"/> Reappointment <input type="checkbox"/>	Are there changes to this information? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
First Name	Jim	
Last Name	Garrett	
Title (i.e. officer / commissioner)	Commissioner	
Address	5946 Signature Drive	
City	Galloway	
State	OH	
Zip Code	43119	
Home Telephone	614-570-4138	
Work Telephone	N/A	
Email Address	<a href="mailto:Jgarrett.fwsac@gmail.com">Jgarrett.fwsac@gmail.com</a>	
District/Designation	Appointed	
Term Start Date	1/1/2022	
Term Expiration	12/31/2024	
Seat Succession	N/A	

Area Commission Chair Signature Shawn Rastetter

**\*\*\*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**