

COMMUNITY RELATIONS 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	Community Relations Commission	
Please check appropriate box	New appointment <input type="checkbox"/> Reappointment <input type="checkbox"/>	Are there changes to this information? Yes <input type="checkbox"/> No <input type="checkbox"/>
First Name	Chris	
Last Name	Cozad	
Title (i.e. officer / commissioner)	Commissioner, Chair	
Address	2628 North 4 th Street	
City	Columbus	
State	Ohio	
Zip Code	43201	
Home Telephone	6145781764	
Work Telephone	6142940580	
Email Address	Cozadc5@gmail.com	
District/Designation		
Term Start Date	02/01/2021	
Term Expiration	01/31/2022	
Seat Succession		

Area Commission Chair Signature _____

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