

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.

Area Commission Name	Northeast Area Commission	
	New appointment ☐ Reappointment ⊠	Are there changes to this information? Yes \(\subseteq \text{No} \(\subseteq \)
First Name	Karen	
Last Name	Shauri	
Title (i.e. officer / commissioner)	Commissioner	
Address	3548 Red Clover Place	
City	Columbus	
State	Ohio	
Zip Code	43224	
Home Telephone	614-364-6396	1
Work Telephone		
Email Address	karenshauri@gmail.com	
District/Designation	Walnut Creek – District 7	
Term Start Date	1/1/2025	
Term Expiration	12/31/2027	4
Seat Succession	100	

Area Commission Chair Signature The Thomas

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