

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	West Scioto Area Commission	
Please check appropriate box	New appointment <input type="checkbox"/> Reappointment <input checked="" type="checkbox"/>	Are there changes to this information? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
First Name	Rita	
Last Name	Cabral	
Title (i.e. officer / commissioner)	Commissioner/Zoning Chair	
Address	3470 Rosburg Dr.	
City	Columbus	
State	OH	
Zip Code	43228	
Home Telephone	330-495-0658	
Work Telephone	N/A	
Email Address	rcabral.wsac@gmail.com	
District/Designation	Elected	
Term Start Date	5/15/2024	
Term Expiration	5/14/2027	
Seat Succession	Self- Reappointed	

Area Commission Chair Signature *Kristen E. McKinley*

***** 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.