

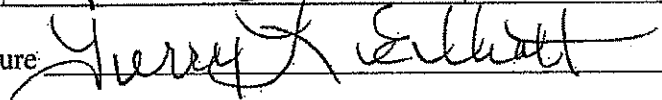
AREA COMMISSION APPOINTMENT FORM

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		
Please check appropriate box	New appointment <input checked="" type="checkbox"/> Reappointment <input type="checkbox"/>	Are there changes to this information? Yes <input type="checkbox"/> No <input type="checkbox"/>
First Name	Jennifer K.	
Last Name	THOMAS	
Title (i.e. officer / commissioner)	COMMISSIONER	
Address	633 Wilson Ave	
City	Colum.	
State	Oh.	
Zip Code	43205	
Home Telephone	513-646-6796	
Work Telephone		
Email Address	jenniferthomas@outlook.com	
District/Designation		
Term Start Date	1.12.2019	
Term Expiration	12.31.2021	
Seat Succession	open seat	

Area Commission Chair Signature



ALL SECTIONS OF THIS FORM MUST BE COMPLETED