


A0204-2022
 9/22
 10:11 AM
 Registrar 10/27/22

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	South Linden Area Commission	
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 checked="" type="checkbox"/>
First Name	Peggy	
Last Name	Williams	
Title (i.e. officer / commissioner)	Commissioner	
Address	1562 Cleveland Avenue	
City	Columbus	
State	Ohio	
Zip Code	43211	
Home Telephone	614-309-5548	
Work Telephone		
Email Address		
District/Designation	Resident	
Term Start Date	01/01/2023	
Term Expiration	12/31/2025	
Seat Succession	Reappointment	

Area Commission Chair Signature  9/20/22

*****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