

## 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	Please Type Westland Area Commission	
Trea Commission (Vane	Westland Area Commission	
Please check appropriate box	New appointment ☐ Reappointment ⊠	Are there changes to this information? Yes \( \square \) No \( \square \)
First Name	Scott	
Last Name	Taylor	
Title (i.e. officer / commissioner)	Commissioner	
Address	581 Simbury Street	
City	Columbus	
State	ОН	
Zip Code	43228	
Home Telephone	614-596-7599	
Work Telephone		,
Email Address	scotttaylor.wac@gmail.com	2
District/Designation	N/A	
Term Start Date	01/1/2024	
Term Expiration	12/31/2000 2007 RD	
Seat Succession	N/A (Reappointment)	

Area Commission Chair Signature SCAA COUNTY

\*\*\*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