A 0174-2023 (ejistar 9/26/2



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 Southwest Area Commission	
Please check appropriate box	New appointment Reappointment	Are there changes to this information? Yes ☐ No ☑
First Name	BHY	
Last Name	Spenser (la)	
Title (i.e. officer / commissioner)	Commissioner	
Address	2246 Blue Rock Ln.	
City	Columbs	
State	Chio	
Zip Code	43183	
Home Telephone	614-214-5727	
Work Telephone		
Email Address	Patty spencer. SWICE gmin	, com
District/Designation	Elected-Seat 2	
Term Start Date	9/12/2023	
Term Expiration	9/08/2026	
Seat Succession	Re-elected	

Area Commission Chair Signature Elyatta Mud

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

S:\\ NeighborhoodServicesDivision\(\text{AC Appointment Form (2018)}\)