

## 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 Northeast Area Commission Please check Are there changes to this New appointment X appropriate box information? Yes Reappointment DeAndra First Name Harrison Last Name Title (i.e. officer / Commissioner commissioner) 6059 Telford Dr Address Columbus City Ohio State 43229 Zip Code 614-477-8779 Home Telephone Work Telephone deandra.harrison@gmail.com Email Address At-Large District/Designation 8/1/2023 Term Start Date 12/31/2024 Term Expiration Nicole Horston Seat Succession

Area Commission Chair Signature

\*\*\*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