

## 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 Reappointment .	Are there changes to this information? Yes No X
First Name	Deborah	
Last Name	Deborah Smith	
Title (i.e. officer / commissioner)	FAR SOUTH AREA COMMISSIONER	
Address	P.O. BOX 735   mail	address
City		
State	ОН	
Zip Code	43207	4
Home Telephone	4-497-1278	
Work Telephone	Cell- 614-693-1870	
Email Address		+ Deborahas 36002 6 mails con
District/Designation	At large	
Term Start Date	7-1-2019	
Term Expiration	6-30-2022	
Seat Succession	,	

Area Commission Chair Signature Relecca //alcott VC/au

\*\*\*ALL SECTIONS OF THIS FORM MUST BE COMPLETED\*\*\*