

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	Mideast Area Commission	
Please check appropriate box	New appointment Reappointment X	Are there changes to this information? Yes X No <input type="checkbox"/>
First Name	Shirley	
Last Name	Marshall	
Title (i.e., officer / commissioner)	Commissioner	
Address	3296 Towers Ct. N.	
City	Columbus	
State	Ohio	
Zip Code	43227	
Home Telephone	614-653-6351	
Work Telephone		
Email Address	ehampton.mac@gmail.com	
District/Designation	East Hampton, Barnett/Main & Livingston Heights.	
Term Start Date	1/1/2022	
Term Expiration	12/31/2024	
Seat Succession	Shirley Marshall	

Area Commission Chair Signature: *Quay Barnes*

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