

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	Far West Side Area Commission	
Please check appropriate box	New appointment <input type="checkbox"/> Reappointment <input checked="" type="checkbox"/>	Are there changes to this information? Yes <input type="checkbox"/> No <input type="checkbox"/>
First Name	Debi	
Last Name	Hampton	
Title (i.e. officer / commissioner)	Vice Chair	
Address	5028 Cashion Drive	
City	Hilliard	
State	Ohio	
Zip Code	43026	
Home Telephone	614-209-9688	
Work Telephone	N/A	
Email Address	dhampton.fwsac@gmail.com	
District/Designation	Far West Side	
Term Start Date	1/1/2025	
Term Expiration	12/31/2027	
Seat Succession	Self	

Area Commission Chair Signature *Anaron Rastatte*

*****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