

## 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** Westland Area Commission Please check Are there changes to this information? Yes  $\bowtie$  No  $\square$ New appointment appropriate box Reappointment X First Name Mike Last Name McKay Title (i.e. officer / Commissioner – Zoning Chair commissioner) Address 6336 Clover Meadow Court Galloway City State Ohio 43119 Zip Code 614-745-5452 Cell Telephone Work Telephone **Email Address** Mike.McKay1@yahoo.com District/Designation Elected Term Start Date September 18, 2019 Term Expiration December 31, 2022 X

Area Commission Chair Signature

Re-elected to former seat

\*\*\*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

Seat Succession