(egister 9/28/2)

COLUMBUS

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 appropriate box	New appointment ⊠ Reappointment □	Are there changes to this information? Yes ⊠ No □	
First Name	David		
Last Name	Henderson		
Title (i.e. officer / commissioner)	Commissioner		
Address	5940 Breigha Dr.		
City	Galloway		
State	Ohio		
Zip Code	43119		
Home/Cell Telephone	614-385-4885		
Work Telephone	n/a		
Email Address	lwdah5940@gmail.com		
District/Designation			
Term Start Date	January 1, 2023		
Term Expiration	December 31, 2025		
Seat Succession	#11 SO BUSTO	met	

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Area Commission Chair Signature	/^5//	15 7 2 9 6 4	\mathcal{D}°

ALL SECTIONS OF THIS FORM MUST BE COMPLETED