

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	Franklinton 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 checked="" type="checkbox"/>
First Name	Josh	
Last Name	Edwards	
Title (i.e. officer / commissioner)	Commissioner	
Address	777 W. State Street	
City	Columbus	
State	Ohio	
Zip Code	43222	
Home Telephone	614-735-1239	
Work Telephone	614-234-4355	
Email Address	joshua.edwards@mchs.com	
District/Designation	Appointed	
Term Start Date	10-31-18	
Term Expiration	10-31-20	
Seat Succession	Ami Peacock	

Area Commission Chair Signature _____

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

Bio: Josh will serve as the representative for Mt .Carmel West Hospital on the Franklinton Area Commission.