

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		
Please check appropriate box	New appointment Reappointment	Are there changes to this, information? Yes \(\square \) No \(\square \)
First Name	Bee	
Last Name	Tolber	
Title (i.e. officer / commissioner)	At-Large	
Address	Tolber At-Large 1510 Chauncy Rd Columbus Ohip	
City	Columbus	
State	Ohip.	
Zip Code	43219	
Home Telephone	614 557 9599	
Work Telephone	• •	
Email Address	Bee. Tolber @gmail.com	
District/Designation	Ht LARCK	-
Term Start Date	10/1/19	
Term Expiration	9/20/21	
Seat Succession		

ØF ∕THIS FORM MUST BE COMPLETED***

Area Commission Chair Signature