

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 Insert AC Name** Area Commission Please check Are there changes to this New appointment appropriate box information? Yes No X Reappointment XX First Name Paula Last Name Copeland Title (i.e. officer / Commissioner commissioner) Address 110 E. Woodrow Ave. Columbus City State Ohio 43207 Zip Code 614.214.7554 Home Telephone Work Telephone 614.222.2145 **Email Address** picopeland@sbcglobal.net District/Designation District 8 1/1/2020 Term Start Date Term Expiration 12/31/2022 Seat Succession Reappointment

Area Commission Chair Signature

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

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