

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 **North Central Area Commission** Area Commission Name Please check Are there changes to this New appointment appropriate box information? Yes No Reappointment X First Name Reno Last Name Lemons Title (i.e. officer / Commissioner commissioner) 2038 Penrose DR Address Columbus City State OH 43219 Zip Code 614-258-1548 Home Telephone Work Telephone 614-271-6884 (Cell) **Email Address** rlemons@mac.com North Central District/Designation Term Start Date actober Septem ber 2022 **Term Expiration** DH Seat Succession

Area Commission Chair Signature

ALL SECTIONS OF THIS FORM MUST BE COMPLETED