

COMMUNITY RELATIONS 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

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|-------------------------------------|--|--|
| Area Commission Name | Community Relations Commission | |
| Please check appropriate box | New appointment <input type="checkbox"/> Reappointment <input type="checkbox"/> | Are there changes to this information? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| First Name | Elfi | |
| Last Name | Di Bella | |
| Title (i.e. officer / commissioner) | Commissioner | |
| Address | 55 East State Street, | |
| City | Columbus | |
| State | Ohio | |
| Zip Code | 43215 | |
| Home Telephone | 6147196682 | |
| Work Telephone | | |
| Email Address | edibella@capa.com | |
| District/Designation | | |
| Term Start Date | 02/01/2021 | |
| Term Expiration | 01/31/2022 | |
| Seat Succession | NA | |

Area Commission Chair Signature _____

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