

University Area Commission Official Petition

District ____ / ____ -Year Term / ending 20 ____

Candidate Name: (Please Print)

Address:

Phone:

I hereby agree to observe the Election Rules and By-Laws of the University Area Commission.

Candidate Signature: _____

Date	Name (Print)	Address	Signature	Phone #
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____
11. _____	_____	_____	_____	_____
12. _____	_____	_____	_____	_____
13. _____	_____	_____	_____	_____
14. _____	_____	_____	_____	_____
15. _____	_____	_____	_____	_____
16. _____	_____	_____	_____	_____
17. _____	_____	_____	_____	_____
18. _____	_____	_____	_____	_____
19. _____	_____	_____	_____	_____
20. _____	_____	_____	_____	_____

Date	Name (Print)	Address	Signature	Phone #
21. _____	_____	_____	_____	_____
22. _____	_____	_____	_____	_____
23. _____	_____	_____	_____	_____
24. _____	_____	_____	_____	_____
25. _____	_____	_____	_____	_____
26. _____	_____	_____	_____	_____
27. _____	_____	_____	_____	_____
28. _____	_____	_____	_____	_____
29. _____	_____	_____	_____	_____
30. _____	_____	_____	_____	_____
31. _____	_____	_____	_____	_____
32. _____	_____	_____	_____	_____
33. _____	_____	_____	_____	_____
34. _____	_____	_____	_____	_____
35. _____	_____	_____	_____	_____
36. _____	_____	_____	_____	_____
37. _____	_____	_____	_____	_____
38. _____	_____	_____	_____	_____
39. _____	_____	_____	_____	_____
40. _____	_____	_____	_____	_____

AFFIDAVIT

Date: _____

University Area Commission - Candidate's Biographical Sketch

This information will be made available on the UAC website (<https://www.universityarea.org/>) and at the polling places on Election Day.

Candidate Name: (Please Print)

Address:

District: _____ Length of time living in the University Area: _____

Occupation:

Commissioner Statement – Please state in under 200 words, what particular experience and qualifications you can offer the University Area Commission. Include information about your issues, concerns, goals for neighborhood, personal information, etc. *This section will be limited to 200 words.*

UAC Committees/Positions –If a current or past commissioner, please list the committees that you serve on and any positions you hold or have held in the past with UAC.

Community Involvement/Education/Occupation – Provide a list of community activities, positions in other groups, educational background, etc.

I authorize the University Area Commission to post this biographical sketch on their website, located at <https://www.universityarea.org>.

Candidate Signature: _____

The City of Columbus is in the process of updating its information on the «Organization» to reflect its most recent election. Please complete the following information to the best of your ability. **Updated database information will be forwarded to the Mayor's Office to ensure the appointment/reappointment of elected and re-elected members and will ensure timely and accurate distribution of funding opportunities, meeting notices, training opportunities, and other City activities. After completing this form, please return to Neighborhood Database Coordinator, City of Columbus, 50 W. Gay St., 2nd Floor, Columbus, OH, 43215.** Please contact your Neighborhood Liaison with any questions or comments.

FIELD	CURRENT INFORMATION	NEW INFORMATION
Step #4 legistar Area Commissioner	Appointment of: Columbus, Ohio 432 to serve on the University Area Commission with a term expiration date of	(1) Please print new information clearly, OR (2) Place a "check" in these boxes if member is re-elected and information is unchanged (3) Do not forget to update "Term Expiration" for re-elected members
First Name		
Last Name		
Title	Area Commissioner	
Address		
City	Columbus	
State	Ohio	
Zip Code	432	
Home Telephone		
Work Telephone		
Fax Number		
Email Address		
District/Designation		
Term Start Date	TO BE FILLED BY COMMISSION	
Term Expiration	TO BE FILLED BY COMMISSION	

Chairman of Commission's Signature _____

AREA COMMISSIONER PROFILE

The City of Columbus is in the process of updating its information on the University Area Commission to reflect its most recent election. Please complete the following information to the best of your ability. Updated database information will be forwarded to the Mayor's Office to ensure the appointment/reappointment of elected and re-elected members and will ensure timely and accurate distribution of funding opportunities, meeting notices, training opportunities, and other City activities. After completing this form, please return to Neighborhood Database Coordinator, City of Columbus, 50 W. Gay St., 2nd Floor, Columbus, OH, 43215. Please contact your Neighborhood Liaison with any questions or comments.

Name _____

Address _____

Main Phone _____ Alternate Phone _____

Email Address _____

Please provide a brief description of your background including the following:

How long have you lived in Columbus?

Where do you currently work, or if retired, where have you worked in the past?

Describe your community involvements in the past

List your current affiliations

• This information will be kept on file in the Mayor's Office •