Clerk of Commission

Commission, Authorities, & Boards Talent Bank Application

Title	Mrs.		
First Name*	Keiyonna		
Middle Name*	LaChelle		
Last Name*	Lighten-Solomon		
Suffix			
Date Of Birth*	6/25/1991		
Address*	Street Address 1935 Grand Blvd Address Line 2 City Augusta Postal / Zip Code 30901	State / Province / Region GA Country United States	
Home Phone*	7063991566		
Work Phone			
Registered Voter*	District 1District 3District 5District 7None	District 2District 4District 6District 8	
Marital Status*	Married		
Education*	College Degree		
Race*	Black		
Gender*	Female		
Occupation*	Emergency Management Specialist (Geospatial)		
Interests	Greenspace, Community service, Community Development, Family, Literature,		

Commissions, Authorities, & Boards

Volunteer For*

Augusta Canal Authority

Click add below to apply for more than one board.

Youth engagement, Placemaking, nature, food, history

*	58 6 19 10 10 10 10 10 10 10 10 10 10 10 10 10	I currently have relatives working for the City of Augusta			
	(Yes	No			
*	I currently serve on an Augus	I currently serve on an Augusta Board, Commission, or Authority			
	Yes	No			
	I would like to receive an em	I would like to receive an email confirmation of my submission.			
	Yes	○ No			
Email	keiyonna.solomon@out	look.com			