

DISCLOSURE FORM

Please Type or Print



DEPARTMENT USE ONLY

www.srcity.org		
	Project Title: 0 Airway Drive, Santa Rosa CA 95403: Hampton Inn & Suites	
	(Include site address)	APN 058-033-018
	Please provide the name of each individual, partnership, corporation, LLC, or trust who has an interest in the proposed land use action. Include the names of all applicants, developers, property owners, and each person or entity that holds an option on the property.	
DISCLO	Individuals: Identify all individuals Partnerships: Identify all general and limited partners Corporations: Identify all shareholders owning 10% or more of the stock and all officers and directors (unless the corporation is listed on any major stock exchange, in which case only the identity of the exchange must be listed. LLCs: Identify all members, managers, partners, officers and directors. Trusts: Identify all individuals	
S	Option Holders: Identify all holders of options on the real property.	
RE	Full Name:	Address:
F	Tharaldson Investements; Don Cape	4255 Dean Martin Drive, Suite J, Las Vegas, NV 89103
O R M	Urdang Sequoia Creek Holdings Santa Rosa LLC; Taylor Jackson	101 Ygnacio Valley Road, Suite 450, Walnut Creek CA 95496
	In addition, please identify the name of eac	h civil engineer, architect, and consultant for the project.
	Full Name:	Address:
	Adobe Associates, Inc.; Timothy Schram	1220 N. Dutton Avenue, Santa Rosa CA 95401
Additional names and addresses attached:		
	The above information shall be promptly updated by the applicant to reflect any change that occurs prior to final action.	
	I certify that the above information is true and correct: Applicant Date	