

DISCLOSURE FORM

Please Type or Print

. No.

Quad.

Related Files

DEPARTMENT USE ONLY

Project Title:	(Include site address)	
	the name of each individual, partnership, corporation, LLC, or trust who has an interest in the propose ude the names of all applicants, developers, property owners, and each person or entity that holds an y.	
Individuals: Partnerships: Corporations: LLCs: Trusts: Option Holders	Identify all individuals Identify all general and limited partners 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 n listed. Identify all members, managers, partners, officers and directors. Identify all trustees and beneficiaries. : Identify all holders of options on the real property.	nust be
Full Name:	Address:	
Richa Um	DA VERNGA SUB Vonature St	
In addition, plea	ase identify the name of each civil engineer, architect, and consultant for the project.	
Full Name: Keven JOHN	Address: n Omally O'Mally, Wilson & Wetfl Cook MEM	l
	Additional names and addresses attached: 🛛 Yes 🗔 No	
The above infor	mation shall be promptly updated by the applicant to reflect any change that occurs prior to final acti	ion.
I certify that the	e above information is true and correct:	P