

DISCLOSURE FORM

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0 - 0 - 0 - 0	Project Title: (Include site address) (Include site		
R	Full Name:	Address:	
FORM	JAMES M REQUARTY ROBERT CASSING	2955 Pleasant Hill Rd. Ebastopol 95472 5040 Ple Abint Santa Rosan	
	In addition, please identify the name of each civil engineer, architect, and consultant for the project.		
	Full Name: Address:		
	ruii Naiile.	Audress.	
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: MAMM 3/13/17 Applicant Date		