

DISCLOSURE FORM

Please Type or Print

File No.	Quad.
DR16.026	CG
Related Files	

Project Title: Co	ollege Station -	6 West College Ave., Santa Rosa
	(Include site address)	
		, partnership, corporation, LLC, or trust who has an interest in the proposed land nts, developers, property owners, and each person or entity that holds an option
Individuals: Partnerships: Corporations:	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 must be listed.	
LLCs: Trusts: Option Holders:	Identify all members, managers, partners, officers and directors. Identify all trustees and beneficiaries. Identify all holders of options on the real property.	
Full Name:		Address:
Glen E	llen Properties	49 Penninsula Road, Belvedere, CA 94920
Mordechai Winrter, Partner		
In addition, pleas	se identify the name of eac	ch civil engineer, architect, and consultant for the project.
Full Name:		Address:
1	ering, Civil Engineer	825 Sonoma Ave., Suite C Santa Rosa, CA 95404
GLASS ARCHITECTS		200 E Street, Santa Rosa, CA 95404
Stephanie McAlli	ster, Landscape Architect	145 Keller Street, Petaluma, CA 94952
	Additional nam	es and addresses attached:
The above inform	nation shall be promptly u	pdated by the applicant to reflect any change that occurs prior to final action.
1	above information is true	and correct: May 5, 20

Date

Applicant