



DISCLOSURE FORM


Please Type or Print

File No.	Quad.
Related Files	
DEPARTMENT USE ONLY	

www.srcity.org

D I S C L O S U R E F O R M	Project Title: SRMH Medical Office Building and Parking Structure																
	(Include site address) SE Corner of Montgomery Dr. and Sotoyome St.																
	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.																
	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 trustees and beneficiaries.															
	Option Holders:	Identify all holders of options on the real property.															
	<table border="1"><thead><tr><th>Full Name:</th><th>Address:</th></tr></thead><tbody><tr><td>Santa Rosa Memorial Hospital</td><td>1165 Montgomery Drive, Santa Rosa, CA 95405</td></tr><tr><td>(c/o Kevin Klockenga)</td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></tbody></table>		Full Name:	Address:	Santa Rosa Memorial Hospital	1165 Montgomery Drive, Santa Rosa, CA 95405	(c/o Kevin Klockenga)										
Full Name:	Address:																
Santa Rosa Memorial Hospital	1165 Montgomery Drive, Santa Rosa, CA 95405																
(c/o Kevin Klockenga)																	
In addition, please identify the name of each civil engineer, architect, and consultant for the project.																	
<table border="1"><thead><tr><th>Full Name:</th><th>Address:</th></tr></thead><tbody><tr><td>Martinez + Okamoto Architects, Inc.</td><td>15487 Seneca Road, Suite 203, Victorville, CA 92392</td></tr><tr><td>Boulder Associates, Inc.</td><td>5 Third Street, Suite 1200, San Francisco, CA 94103</td></tr><tr><td>BKF</td><td>200 4th Street, Suite 300, Santa Rosa, CA 95401</td></tr><tr><td>Quadriga</td><td>1212 4th Street, Santa Rosa, CA 95404</td></tr><tr><td>J. Kapolchok & Associates</td><td>8432 2nd Street, Santa Rosa, CA 95404</td></tr><tr><td>ECOM Engineering</td><td>1796 Tribute Road, Sacramento, CA 95815</td></tr><tr><td>Petra ICS</td><td>1 Centerpointe Drive, Suite 200, La Palma, CA 90623</td></tr></tbody></table>		Full Name:	Address:	Martinez + Okamoto Architects, Inc.	15487 Seneca Road, Suite 203, Victorville, CA 92392	Boulder Associates, Inc.	5 Third Street, Suite 1200, San Francisco, CA 94103	BKF	200 4th Street, Suite 300, Santa Rosa, CA 95401	Quadriga	1212 4th Street, Santa Rosa, CA 95404	J. Kapolchok & Associates	8432 2nd Street, Santa Rosa, CA 95404	ECOM Engineering	1796 Tribute Road, Sacramento, CA 95815	Petra ICS	1 Centerpointe Drive, Suite 200, La Palma, CA 90623
Full Name:	Address:																
Martinez + Okamoto Architects, Inc.	15487 Seneca Road, Suite 203, Victorville, CA 92392																
Boulder Associates, Inc.	5 Third Street, Suite 1200, San Francisco, CA 94103																
BKF	200 4th Street, Suite 300, Santa Rosa, CA 95401																
Quadriga	1212 4th Street, Santa Rosa, CA 95404																
J. Kapolchok & Associates	8432 2nd Street, Santa Rosa, CA 95404																
ECOM Engineering	1796 Tribute Road, Sacramento, CA 95815																
Petra ICS	1 Centerpointe Drive, Suite 200, La Palma, CA 90623																

Additional names and addresses attached: ☐ Yes ☒ No

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: 	1/27/2017
Applicant	Date