



DISCLOSURE FORM

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ATTACHMENT 1

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Related Files	
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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)										
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In addition, please identify the name of each civil engineer, architect, and consultant for the project.																	
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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