



# DISCLOSURE FORM

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D I S C L O S U R E  F O R M	Project Title: <b>Piner Road Assisted Living Residence</b> (Include site address)	
	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.
	<b>Full Name:</b>	<b>Address:</b>
	Steven Ring	475 Gate 5 Road, Suite 316 Sausalito, CA 94965
David Ford	475 Gate 5 Road, Suite 316 Sausalito, CA 94965	
Fulcrum Real Estate Development In	475 Gate 5 Road, Suite 316 Sausalito, CA 94965	
Larry & Sandra Bertolone Trustees	1206 4th Street, Santa Rosa, CA 95404	
In addition, please identify the name of each civil engineer, architect, and consultant for the project.		
<b>Full Name:</b>	<b>Address:</b>	
Hilton Willams	7801 Folsom Blvd. Suite 110, Sacramento CA 95826	
Tom Phillippi	425 Merchant Street, Vacaville CA 95688	
Bruce Jett	2 Theatre Square, #218 Orinda, CA 94563	
Jane Valerius	2893A Scotts Right of Way, Sebastopol, CA 95472	

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: _____ Applicant Date