

DISCLOSURE FORM

Please Type or Print

File No.	Quad.
Related Files	
DEPARTME	INT LISE ONLY

www.srcity.org			
	Project Title: Roseland Village Neighborhood Center (Include site address)		
DISC	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.		
LOSUR	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.		
E	Full Name:	Address:	
F	MidPen Housing Corp.	303 Vintage Park Drive Suite 250, Foster City, CA 94404	
OR	Sonoma County Community Development Commision	n 1440 Guerneville Rd, Santa Rosa, CA 95401	
M	UrbanMix Development, LLC	935 Pardee Street, Berkeley, CA 94710	
		Idition, please identify the name of each civil engineer, architect, and consultant for the project.	
	Full Name:	Address:	
	Geoff Coleman, BKF Engineers	200 4th St #300, Santa Rosa, CA 95401	
	Barry Long, Urban Design Associates		
	Christine Talbot, Quadriga Landscape Architect	1212 4th St, Santa Rosa, CA 95404	
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To be	N		
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		