

DISCLOSURE FORM

City of Santa Rosa Planning & Economic Development Department 07/08/2020 RECEIVED

Project Title: _			
	(Include site address)		
-	n. Include the names of all	ual, partnership, corporation, LLC, or trust who has an in applicants, developers, property owners, and each pers	
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 Holder	Identify all members, managers, partners, officers and directors. Identify all trustees and beneficiaries. s: Identify all holders of options on the real property.		
Full Name:		Address:	
In addition, ple	ase identify the name of ea	ch civil engineer, architect, and consultant for the proje	ct.
Full Name:	·	Address:	
	Additional nam	es and addresses attached:	
The above info	ormation shall be promptly	updated by the applicant to reflect any change that oc	curs prior to final action
I certify that th	e above information is true	and correct: 1SRA LLC, by Keith Rogal, Authorized Signa	atory
January Charles		Applicant	Date