

Disclosure FormPlease Print or Type

Please Print or Type Legibly

File No.			
Related Files			
Department Use Only			

(Date)

Location of Project (Address)		Assessor's Parcel Number:	Zoning
Name of Project			General Plan Designation
Applicant Name		Business Phone	Home Phone
Applicant Address	City:	State: Zip:	
Please provide the name of interest in the proposed la owners, and e	nd use action. Include		its, developers, propert
Full Name:	Address		· · ·
In addition, please identify the nar Full Name:	ne of each civil engineer, ar Address		oroject.
ruii Name:	Address	<u></u>	
_			
	Additional	names and addresses attacl	ned (check): Yes or No
	Additional	names and addresses attacl	ned (check): Yes or No
The above information shall r			
The above information shall p	promptly be updated by t		

(Applicant)