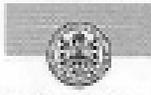


# Attachment 9 Ownership Disclosure Form



City of San Diego  
Development Services  
Division Name  
1222 First Ave., MS-302  
San Diego, CA 92101  
(619) 446-3000

## Ownership Disclosure Statement

Project Title: SOUTHGATE VILLAGE CONDOMINIUMS Project No. For City Use Only

Project Address: 850-940 BEYER WAY

**Part I - To be completed when property is held by individual(s)**

Please list below the owner(s) and tenant(s) (if applicable) of the above referenced property. The list must include the names and addresses of all persons who have an interest in the property, recorded or otherwise, and state the type of property interest (e.g., tenants who will benefit from the permit, all individuals who own the property). A signature is required of at least one of the property owners. Attach additional pages if needed. Note: The applicant is responsible for notifying the Project Manager of any changes in ownership during the time the application is being processed or considered. Changes in ownership are to be given to the Project Manager at least thirty days prior to any public hearing on the subject property. Failure to provide accurate and current ownership information could result in a delay in the hearing process.

Additional pages attached  Yes  No

Name of individual (type or print):  
RALPH BRY  
 Owner  Tenant/Lessee  
Street Address:  
2525 CAMINO DEL RIO SOUTH  
City/State/Zip:  
SAN DIEGO, CA 92108  
Phone No. 619-292-4080 Fax No. 619-692-9306  
Signature: Ralph Bry Date: 5-23-04

Name of individual (type or print):  
  
 Owner  Tenant/Lessee  
Street Address:  
City/State/Zip:  
Phone No. Fax No.  
Signature: Date:

Name of individual (type or print):  
  
 Owner  Tenant/Lessee  
Street Address:  
City/State/Zip:  
Phone No. Fax No.  
Signature: Date:

Name of individual (type or print):  
  
 Owner  Tenant/Lessee  
Street Address:  
City/State/Zip:  
Phone No. Fax No.  
Signature: Date:

Name of individual (type or print):  
  
 Owner  Tenant/Lessee  
Street Address:  
City/State/Zip:  
Phone No. Fax No.  
Signature: Date:

Name of individual (type or print):  
  
 Owner  Tenant/Lessee  
Street Address:  
City/State/Zip:  
Phone No. Fax No.  
Signature: Date:

This information is available in alternative formats for persons with disabilities.  
To request this information in alternative format, call (619) 446-3446 or (800) 735-2929 (TDD)  
Be sure to see us on the World Wide Web at [www.sandiego.gov/development-services](http://www.sandiego.gov/development-services)