



**Mendocino County  
Local Equity Entrepreneur Program (LEEP)**

**Camp Raid Neighbor Statement Form**

Equity Applicant First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of the Camp Raid: \_\_\_\_\_

Street Address  
of Camp Raid: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Name of Neighbor First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address of Neighbor: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Neighbor Current Email: \_\_\_\_\_ Current phone: \_\_\_\_\_

I certify that I was a neighbor of the equity applicant listed above during the time of the CAMP Raid specified above.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_