To: Office of Planning and Research P.O. Box 3044, Room 113 Sacramento, CA 95812-3044	From: (Public Agency):
County Clerk	
County of:	(Address)
Project Title:	
Project Applicant:	
Project Location - Specific:	
Project Location - City:	Project Location - County:
Description of Nature, Purpose and Beneficiaries of Project:	
Name of Public Agency Approving Project: _	
Name of Person or Agency Carrying Out Pro	ject:
Exempt Status: (check one):	
Ministerial (Sec. 21080(b)(1); 15268);
Declared Emergency (Sec. 21080(b))(3); 15269(a));
Emergency Project (Sec. 21080(b)(4	
	nd section number:
	umber:
Reasons why project is exempt:	
Lead Agency Contact Person:	Area Code/Telephone/Extension:
If filed by applicant: 1. Attach certified document of exemptio	n finding
	by the public agency approving the project? □ Yes □ No
Signature: Share Gum	Date: Title:
□ Signed by Lead Agency □ Sign	eu by Applicant
Authority cited: Sections 21083 and 21110, Public Res Reference: Sections 21108, 21152, and 21152.1, Publ	