To: Office of Planning and Research P.O. Box 3044, Room 113	From: (Public Agency):
Sacramento, CA 95812-3044	
County of:	(Address)
County of:	(Address)
Project Title:	
Project Applicant:	
Project Location - Specific:	
Project Location - City:	Project Location - County:
Description of Nature, Purpose and Benefici	
Name of Person or Agency Carrying Out Pro	oject:
Exempt Status: (check one):	
☐ Ministerial (Sec. 21080(b)(1); 15268☐ Declared Emergency (Sec. 21080(b)	
☐ Emergency Project (Sec. 21080(b)(* * * * * * * * * * * * * * * * * * * *
	and section number:
☐ Statutory Exemptions. State code n	umber:
Reasons why project is exempt:	
Lead Agency Contact Person:	Area Code/Telephone/Extension:
	Area Code/ relephone/Extension.
If filed by applicant: 1. Attach certified document of exemptic	on finding
	by the public agency approving the project? ☐ Yes ☐ No
Signature: Qulia Peterson	Date: Title:
	Date: Title:
☐ Signed by Lead Agency ☐ Sign	ned by Applicant
Authority cited: Sections 21083 and 21110, Public Reference: Sections 21108, 21152, and 21152.1, Pub	